TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 15 pined by the hospital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

U5406

- 1		***************************************
	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Church
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED First Middle	last 4. DATE Month Day Yeor
	(Type or print)	Celban DEATH May 16 1961 B. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In year of IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) World 47 / 87 / 87 / 97 / 97 / 97 / 97 / 97 / 9
	10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUS 4 4 4 4 4 4 4 4 4 4 4 4 4	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY A S A
	13. FATHER'S NAME	Mary Baublil
	15. WAS DECEASED EVERIN U. S. ARMED TORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) Af yes, give war or dates of service)	HORMANT Addis Addis Sand Lind had
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Payocarditis Interval BETWEEN ONSET AND DEATH
	Canditions, if ony, which) (b) Cultivaselend	tie Cardin Vascula Checinia
	gove rise to immediate couse (a), stating the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While at work 19 at work	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram.	1 111
ì	saw the deceased alive and Mary 196, and that d	death accurred at A.M., from the causes and an the date stated above
-	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 3/16/16
	NAME (Type) Joseph E. Bush MIL	> TAMPETEND Maryland
	23a. BURIALI CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O SELECTION 3-19-61 GLAND	ROREMATORY 23d. LOCATION (City, town, ar country) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	A 21 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	11/11/6-21 - 7. Local	DATE

Subben HARACLES OF PERSONS AS A STATE OF THE STATE The desired the second Former Williams I May Bush Heren Coloner War March 18 and Charles the state of the s THE MOST BACK WINDS 1. 1. 20-11.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5415 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) a. COUNTY Carroll b. COUNTY Maryland Carroll the od 2 MARYLAND and 2 death. E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 by Detour rural Detour rural .= after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Own Home YES NO completery papers. 3. NAME OF First Middle 4. DATE Month Day Year 72 DECEASED Albaugh 25 Washington Charles Mav 61 (Type or print) DEATH 19 physician and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Soirthday) Months male May WIDOWED T DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding John William Albaugh Kata Stambaugh ā Carroll Co aftend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, ee, or unkown) (Ifyesgive war or dates of service) Mrs. Daisy I. Albaugh Detour, Md. ng physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occhision taulo 070210161 MUNICIE IMMEDIATE CAUSE (a) certificate has been signer ruse as the burial-transit prior to burial, cremation. DUE TO affending Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the undarlying cause last. ö PHYSICIAN: PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? 0 NO 19 prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enler nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [After this ce OR CONTRIBUTING CAUSE OF DEATH may be retained by DIRECTOR: After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, : 2Df. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work saw the deceased alive on. 11 24 1961, and that death occured at 50M, from the causes and on the date stated above. 3 should ate 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. M.D. page 22d. ADDRESS 22c. PHYSICIAN'S Caricofe 118 S. Main St. Union Bridge . Maryland director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF F Burial (Specify) Mt. Tabor Cemetery Rocky Ridge Fred. Co. Md. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAY 3 1 '61 Thurmont, Md. Circher S. Thous 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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Mada Stamback

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162-03-9157 Mrs. Daisy I. Albanch Datour, Md.

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Luriel K-22-61 ht, Cobor Cometery Hocky Ridge Ired, Co. Mc.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5416

5408

	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased liver o. STATE Maryland	d. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street		d. STREET ADDRESS	IS RESIDENCE
7	OR INSTITUTION Henryton State			e. IS RESIDENCE ON A FARM? YES NO W
-	3. NAME OF First	Middle	tast 4. DATE	Month Dgy Year
	DECEASED (Type or print) Milton	Lee	Anderson OF DEATH	May 8 1961
	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED TO	B. DATE OF BIRTH 9. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Negro WIDOW		Sept. 9, 1909	51 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU		
	Taring Laponen	annine	Exmore, Virgini	a USA
1	13. FATHER'S NAME	orne austros	14. MOTHER'S MAIDEN NAME	m Willin Briller
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address
Ī	(Yes, no, or unknown) (If yes, give war or dates of service)	Unknown N	Milton Anderson - Pa	tient
6	1B. CAUSE OF DEATH [Enter only one couse per I	ine for (o), (b), and (c).		INTERVAL BETWEEN
÷	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r adv. bilat.	cavitary Tbc Heart	failure ONSET AND DEATH
	DUE TO			
	Conditions if any which			
	gove rise to immediate			
	couse (a), stating the under-			
	/ (0)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATIO			PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of	f item 18.)
	Hour o.m. While	t.	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	own) (County) (State)
	21. I certify that (I) (this haspital) attens saw the deceased alive an May 8			19 8 ,, 19 61, that (I) (we) last
	220 SIGNIATURE		deam accurred at = 3000, from the	22b. DATE
	Edgars n. M.	renlary	M.D. ATTENDING MED. ST. PHYS. DIRECTOR TO PH	TAFF May 8, 1961
	22c. PHYSICIAN'S NAME (Type) Edgars M. Macu	lans. M. D.	22d. ADDRESS Henryton, Maryla	and
	23o. BURIAL, CREMATION, 23b. DATE THEREOF	239: NAME OF CEMETERY O		7777
	Busine May 1/96/	1 11/1 auch	um fom Ball	(State)
	24 FUNEPAL DIRECTOR'S SIGNATURE	ADDRESS 3 2	25a. REC'D BY REGISTRAR	- 14
1	Chron aty of Williams	Syrrocke	DATE MAY 11 '61	arthur S. Frank

1.07125 The state of the s 200 TENA - 200 - 10 TENA D Cust (811, 1992) January - seriales colling mechanical INPL S, 1981 business in Archieut A. C. T. Buryron, Purchase The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. U5409 CERTIFICATE OF DEATH 5417 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY **b/COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give péarest town) should d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Month DECEASED VIRGINIA GERTOUDE DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED | DIVORCED T 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underpup lying cause last. buriol-transit CATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work p. m. MAY 16, 1961, that I last sow the deceased 21. I certify that I attended the deceased from... and that death occurred at 1/6 IPM, from the couses and on the date stated obove. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL PHYSICIAN'S WESTMINSTER, MD. NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county); (State) REMOVAL (Specify). 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D. BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

Day

Days

ON A FARM?

YES NO

Year

1960

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MARYLAND STATE DEPARTMENT OF HEALTH MORE 1, MARYLAND

DIVI

5418

SION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —	BALTI
		CEI	DTIELC	ATE	OF	DE	ATU

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.]		LACE OF DEATHY	COM S LITHE (150)	2. USUAL RESIDENCE (Where de	ceased lived. If institution: Reside	ence before admission)
/	0	COUNTY Carroll	MARYLAND	o. STATE Marylew	6. COUNTY THE	1116
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
		MAnchester	3/240	(Marketh Ld Ld	Will Baltimor	e, Md.
	0	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	THE STATE OF THE S	e. IS RESIDENCE ON A FARM?
		Long View Nursing	Home	Fulton & Lombs	ard Sts. SVO	YES NO NO
74	3. 1	NAME OF First	Middle	Lost 4. D		Day Year
		Type or print) FWNA		BARTON O	EATH May	5 1961
1	S. S	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year) IF UNDE	Days Hours Min.
J		femile while WIDOW	ED DIVORCED	Mc4 10 1869	92 yrs. Months	Days Hoors Mill.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fore	eign country) 12. CI	TIZEN OF WHAT COUNTRY?
		House wife	Home	Marylan	rol-	UJA,
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		morusion		Meluo	wu	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT P	Address	10 18 0 31.
		WO	no au	may villo	a. Tholiny	Bularo My
		1B. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b) and (c).]			ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Granie	- myreard	ili)	2
		DUE TO		100		
		Conditions, if any, which) (b)	allosely	olite Carde	· Vescula De	serve :
		gave rise to immediate cause (a), stoting the under-				
		lying couse lost. (c)				
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED?
)	FICATION					YES NO
		20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 1B.)	
	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		fa.	ACE OF INJURY (Home, farm, 20f	. (City or town)	(County) (State)
	MEC	Hour a.m. While of wol	rk at work	, and sings, ones,		
		21. I certify that (I) (this haspital) attend	ded the deceased from	July 8. 1907	to May 5 19	61, that (1) (we) last
		saw the deceased alive an and 2	11 11	leath accurred at 30AM, f		171
		220. SIGNATURE	0			22b. DATE
		Toseful !	2 rest	M.D. PHYS. MED. DIRECTO	OR PHYS.	37576 WED
		22c. PHYSICURI'S NAME (Type)	2	22d. ADDRESS	1	. / /
		1 Joseph E.	13USh MI	D HAMPS	TEAD MY	1914/ond
	23a.	BURIAL CREMATION 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d.	LOCATION (City, town, or county	(Stote)
	1	Sunal May 9/61	moule	lon 1	sulto El	ma
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY I	REGISTRAR 256. REGISTRAR'S	SIGNATURE
1	4	Thlow- Eline - A	augneen	MAY DATE MAY	9 '61 arthur	S. Kinus

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10,1961

ADDRESS

May

John O. Mitchell & Sons Inc. 1900 Eutaw Place Balto. 17,

24. FUNERAL DIRECTOR'S SIGNATURE

		5419		CERTIFIC	CA	TE OF DEATH				05)41	1
1.	PLACE OF DEATH a. COUNTY	rroll		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Maryl:	-	l lived. If institution b. COUNTY	on: Reside	nce befor	re odmissi	ian)
	b. CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ъ	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town))
R	uralSyke:			10 months	3	Baltimore			3	.VS	1 10	
S	OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET ADDRESS 2932 St. Pa	aul St	reet				IDENCE FARM? NO 🔣
3. NAME OF First DECEASED (Type or print) Edna		st	Middle Correl	11	Losi 4. DATE Month OF DEATH 5			Do 8		Year 19 61		
5. SEX 6. COLOR OR RACE 7. MAI		7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDE		
	female	white	WIDOWI			1/4/82	100	last birthday) 79 yrs.	Months	Days	Hours	Min.
	_ during most of wark	N (Give kind of work or ing life, even if retired ther (retired		KIND OF BUSINESS OR	INDUS	Maryland	or fareign co	ountry)	12. CI	USA	F WHAT C	OUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME												
	Stewart Do	orsey Corre	211			Blair			5333			
1S.		R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.		ospital record	ds	Addi S		vill	e, Mo	d.
		TH [Enter anly one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a		ne for (a), (b), and (c).] Corons	ary	occlusion				INTERVAL BETWEEN ONSET AND DEATH hours		
	Conditions, if ar gove rise to in cause (a), stoting t lying cause last.	nmediate ()	Cereb	ral	arteriosclero	osis	25.A-1			years	3
ATION						NOT RELATED TO THE TERMIN			'EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
CERTIFICATION	20a. ACCIDENT WA			A		D. (Enter noture of injury in P					, 123	110 2
20c. TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRED While Not while of work at wo						(State)						
	21. I certify that saw the deceas) attend 5/8	led the deceased fr		7/8/ 199 leath accurred a5-A		5/8 the causes an				we) last abave.
	22a. SIGNATURE	onstari	54	Webe	v		RECTOR .	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Konstantin	n Web	er		A		eld Stat le, Mary		spita	al	
230	REMOVAL (Specify)	May 10		23c. NAME OF CEMETE		r CREMATORY		ION (City. town, altimor		lary	land	

Greenmount Cemetery

250. RECIDARY REGISTRAR

DATE

256. REGISTRAR'S SIGNATURE

L DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after death page 3 should be detached for use as the burial-transit permit. fained by the haspital ar ottending physician. TO FUN

by the funeral directar, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1	1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased		on: Residence l	before admis	sion)
	o. COUNTY Carroll Maryland b. COUNTY City								
1	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, writ	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Sykesvi		37yrs.6mos.2ld	ys Balt	imore		2	VO	1-4
/ d		FAL (If not in haspital, give stre		d. STREET ADDRESS	S			e. IS RE	SIDENCE A FARM?
jan.		ield State Hos	pital	Unkn	own				NO NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mor	ith	Day	Yeor
	(Type ar print)	John		Bell	DEATH	May	2	2,	19 61
	s. sex	4 77 4 1	ARRIED NEVER MARRIED NEVER DIVORCED	B. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 75 yrs.	Months Do		Min.
			Ob. KIND OF BUSINESS OR INDU		tote or foreign co		12 CITIZEN	OF WHAT	COLINITRYS
	Hospital (king life, even if retired)	General Hashill	Maryl		umry		.S.A.	COUNTRIP
	13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
	Unknown			Unknow	m				
/	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Add	ress		
	(Yes, no, or unknown)	(If yes, give war or dates of service)		Springfield	Hospital	Records	5		
	18. CAUSE OF DEA	ATH [Enter anly one cause pe	r line for (a), (b), and (c).]		*			INTERVAL B	ETWEEN
	PART JODEATH WAS CAUSED BY:								
79	DUE TO DUE TO								
V	Conditions if any which								
-	gove rise to immediate (b)								
	lying cause lost.	the under-							
		HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	PMINAL DISEASE	CONDITION GIV	/FN IN PART 1/	01 19. WAS	AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Schizophrenic reaction, chronic undifferentiated type. Arteriosclerotic heart disease. 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. E	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Port	II of item 18.)			
			I. INJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, I	form, 20f, (City	or town)	(Cou	ntyl	(State)
	20c. TIME OF INJUR Hour a.m. p.m.	Wh.	1 6-	ctary, street, office bldg.,	etc.)				
	21. I certify the	at (I) (this haspital) atte	ended the deceased from.		155 . 10Ma			, that (I)	
		sed alive on May 22	1901, and that	death accurred 9:	15 Mfram	the causes ar	d on the d	ate states	d abave.
	220. SIGNATURE	+ 1.1	1 12. 6.	ATTENDING	MED.	STAFF		2:	2b. DATE SIGNED
4.0	agu	show del	campo	M.D. PHYS.	DIRECTOR	PHYS.		5/	23/61
	22c. PHYSICIAN'S NAME (Type)	Agustin del	Campo, M.D.	Springfi	eld Hosp	oital,Syl	kesvill	e,Md.	
	23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY C	OR GREMATORY	23d. LOCAT	ION (City town,	or caunty)	(Sto	ite)
	Demoval (Specify)	5/26/6/	new Pa	thedeal	130	elliner	u,	md	-
	24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	25a. R	REC'D BY REGIST	0 - 4	STRAR'S SIGN.	ATURE	
	Mulker &	4. Haight	Mykesvall	MA DATE	EWH 29	'61	william &.	Thouse	

the attending physician and campletely filled of by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be founded by the haspital or attending physician.

O FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO FUN VR A1S (4) 1SM 9/59

urs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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			-	_	. /

	5
PLACE OF DEATH	- 7

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (W	here deceosed lived	 If institution: Resi COUNTY 	dence before	odmission	
Carr	•11		MARYLAND	Maryland St. Mary's					
b. CITY OR TOWN RURAL and give Henr		nits, write	c. LENGTH OF STAY IN 16 2428 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville					
d. NAME OF HOS	PITAL (If nat in haspital,	give street a	ddress)	d. STREET ADDRESS		0		IS RESIDENCE ON A FARM?	
OK INSTITUTIO	Henryton	State	Hospital	RFD 1	, Box-B	101		YES NO	
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE OF DEATH	Month	Day	Yeor	
(Type or print)	John	1.	Francis	Butler		May	DER I VEAR	19 61 IF UNDER 24 HRS	
S. SEX	6. COLOR OR RACE	, waren	ED NEVER MARRIED	B. DATE OF BIRTH	y. Ac	st birthdoy) Mont		Hours Min.	
Male	Negro	WIDOWE		10/3/15		45 yrs.			
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retire	dane 10b. K	IND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	e ar fareign country	12.	CITIZEN OF	WHAT COUNTRY?	
Farmin		"		Marylan	d		U.S.A		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
James	M. Butler			Cecelia S	tevens				
	VER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	16 7774	Patient - Jel	hn France	in Butler			
no				rattent - 001	in Franc	IS Ducter		RVAL BETWEEN	
	DEATH Enter only one of						ONSE	ET AND DEATH	
PAKI I, L	IMMEDIATE CAUSED BY:	(o) Fa:	r advanced b	ilateral cav	itary pu	Imenary :	LP		
0.0	DUE T	0					1.6		
Conditions, it	fany, which)	(b)							
gove rise to	immediate (
couse (o), stoti		(c)							
			ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE CO	ndition given in	PART 1(o) 19	PERFORMED?	
OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATH	1	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Part II of	f item 18.)			
20c. TIME OF IN.	m. 10	ear 20d. IN While of work	Not while fi	PLACE OF INJURY (Hame, for octory, street, office bldg., et	tc.)	own)	(Caunty)	(State	
	that (1) (this hospite		ed the deceased from	January 27 19 death accurred of 7:	9 55 to Ma 30, from the			at (I) (we) los stated abave	
22a. SIGNATURE			neny	M.D. ATTENDING A	MED. ST DIRECTOR W PI	TAFF HYS.	May 8	226. DATE SIGNED 1961	
22c. PHYSICIAN' NAME (Type		M. Ma	culans	22d. ADDRESS Henryto:	m, Maryl	and			
23a. BURIAL, CREMA	TION, 236. DATE THERE	OF	23c. NAME OF CEMETERY			(City, town, or cour	nty)	(Stote)	
Burial (Spec	ify)	61	St. Johns	Cemetery	Holl	ywood, M	laryla	and	
24. FUNERAL DIRECT	or's signature	Weona	aderess rdtown Md	Parer M BATE	MAY 11 61	25b. REGISTRAR'	s SIGNATUR	E	
10 Miles	w runny	- CANAL	- Allerande	CONTRACTOR OF THE PARTY OF THE		1			

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND											
L	5422 CEI	RTIFICATI	E OF DEATH		v5414							
1	PLACE OF DEATH o. COUNTY Cauall	MARYLAND 2	OF STATE ANY CONTROL	deceased lived. If institution b. COUNTY	: Residence before admission)							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town)	F STAY IN 16	c. CITY OR TOWN/II outside	de corporate limits, write RUE	AL and give nearest town)							
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION WHAT Main M		d. STREET ADDRESS	Moin	e. IS RESIDENCE ON A FARM? YES NO							
3.	NAME OF DECEASED (Type or print) ELEANUR - M-1	ALT!	01000	DATE OF Month DEATH Meet.	1 2 9 19 61							
L	0/4 WIDOWED DY DI	VORCED A	DATE OF BIRTH 26-187	1 1 1 1 1 1 1 1	FUNDER 1 YE'AR IF UNDER 24 HR Months Days Hours Min.							
L	do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSII during most) of working life, even if retired)	11	Mar	yloud	12. CITIZEN OF WHAT COUNTRY							
4	Samuel Hair		14. MOTHER'S MAIDEN NAM	Wisnes								
140	. WAS DECEASED EVER IN U. S. ARMED FORCES? es. no. or unknown. [If yes, give war or dates of service]	ITY NO. 17 INFO	Caltrides	- Wester	uster ned							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost.	nd (c).]	rteriosa	illeros	INTERVAL BETWEEN ONSET AND DEATH							
LCATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
CEDTIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IURY OCCURRED. ((Enter noture of injury in Port	I ar Part II of item 18.)								
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURF While Not while of work of work	ft	E OF INJURY (Home, form, 2 ry, street, office bldg., etc.)	Of. (City ar town)	(County) (State							
	21. I certify that (I) (this haspital) attended the decessed the deceased alive an				an the date stated above							
	22c. PHYSICIAN'S NAME (Type) ERFFSF Will	KENS	D. ATTENDING MED. DIRECT	TOR PHYS.	3/2/0 SIGNE							
23	10. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF SEMOVAL (Specify) 6-1-1961	OF CEMETERY OR C	CREMATORY 23d	COCATION (City, town, or	county) (Stote)							
2	Testou-Eleine - Herris	itead 1	ALL DATE JUN 1		RAR'S SIGNATURE							

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ALAGU A CONTRACT OF THE PROPERTY OF Mesting water and the secretary TELEBRISH THE CALL WAS DELK THE PRESENTED

CERTIFICATE OF DEATH 5423 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give occrest town) should d. NAME OF HOSPITAL (If not in hospital, give street oddress), d. STREET ADDRESS OR INSTITUTION 20 NAME OF First Middle 4. DATE DECEASED DEATH (Type or print) Fill 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of hervice) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) by Conditions, if any, which signed gove rise to immediate DUE TO couse (a), staling the underpuo lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) OR CONTRIBUTING | CAUSE OF DEATH 50 WEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour a.m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that Lattended the deceased fram. alive an and that death accurred at le ADDRESS (Street, city ar town, state) DIRECT ACTUAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY **BEMOVAL (Spegify** 0 23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATEAY

Reg. Dist. No. b. COUNTY e. IS RESIDENCE ON A FARM? YES NO Month Doy Yeor 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? Rddress INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 1966__that I last saw the deceased M, from the causes and an the date stated above ATE SIGNED 22d. LOCATION (City, town, or county). 24b. REGISTRAR'S SIGNATURE arihur & thank

& DOTE STATE	H	TABO HO ST/	CERTIFICA		25.2	
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MARYLAND	STATE	DEPA	RTMENT	OF	HEAL	TH
DIVISION OF STATISTICAL	RESEARCH	AND RE	CORDS —	BALTIMO	ORE 1, A	MARYLAND

5424 CERTIFICATE OF DEATH

05416

1.	PLACE OF DEATH a. COUNTY			MARYLAND	2. USUAL RESIDENCE (W		 If institution: Residence COUNTY 	ence before odmission)			
	Carroll			MAKTLAND	Maryland						
	b. CITY OR TOWN (If RURAL and give new	outside corporate limits, prest town)		OF STAY IN 16	c. CITY OR TOWN (If		mits, write RURAL one	d give nearest town)			
_	Henryton			ays	Baltimore			~ 001-			
	OR INSTITUTION	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Henryton	State Hos	pital		13 N. Box	d Street	t	YES NO E			
3.	NAME OF DECEASED (Type or print)	First Will		Middle	Lost	4. DATE OF DEATH	Month	Doy Year			
_					apman		May	20, 19 61 ER 1 YEAR IF UNDER 24 HRS			
5.	Male		MARRIED NEVER	IVORCED	7-6-03	los	GE (In years IF UNDI st birthdoy) Months				
10	a. USUAL OCCUPATIO	N (Give kind of work dor	La		STRY 11. BIRTHPLACE (Stote	-		ITIZEN OF WHAT COUNTRY			
	during most of worki	ing life, even if retired)			The second second						
-	Boiler Roc	m Fireman				lle, N. (<i>.</i>	U. S. A.			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
		Chapman, S	r.		Maggie	May					
		IN U. S. ARMED FORCE:		RITY NO. 17. 11	NFORMANT	NIEC	Address				
	No			A	nnabel Chapm	nan-Daugh	ster-16 N	. Bond Stree			
F	_	TH [Enter only one couse	per line for (o), (b),					INTERVAL BETWEEN			
					manager tuban	o in least	. od 4 h	ONSET AND DEATH			
	00	IMMEDIATE CAUSE (o)			monary tuber		MICH				
	0	DUE:IQ/	Cavity ri	gnt, An	eurysm of th	e Aorta					
	Conditions, if ony, which (b)										
	gove rise to immediate couse (o), stating the under-										
	lying couse lost.										
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO										
	20a. ACCIDENT WA	S LINDERLYING [] 20	b. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)				
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH									
S	20c. TIME OF INJURY	Month, Doy, Year	20d. INJURY OCCUR	L-	ACE OF INJURY (Home, forrctory, street, office bldg., etc.		wn)	(County) (State			
MEDICA	Hour o.m.	19	While Not while	° "	ciory, sireer, office blog., en	c.)					
		(1) (d) 1 1 1 1		1.6	May 20, 19	60 . Mas	r 20 1d	61			
Н											
		ad alive an May	50. 1901	, and that a	death accurred at	2WI, from the	causes and an t				
	220. SIGNATURE	blyars M.	Maenlas	es	M.D. PHYS.	AED ST.	AFF _	22b. DATE SIGNE			
	22c. PHYSICIAN'S				M.D. PHYS. D	IRECTOR PH	IYS. 🗌	5-20-6]			
	BIALLE AT A	Edgars M. M	aculans,	M. D.		State Ho	osp., Hen	ryton, Md.			
23	o. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME (OF CEMETERY C		23d. LOCATION	(City, town, or county	(Stote)			
24	FUNERAL DIRECTOR'S	CICNIATURE -	ADDRESS	mour	w Cem	ID BY DECISTOAD	25b REGISTRAR'S	SIGNATURE -			
24	Vara	D Lugh	, , , , , , , , , , , , , , , , , , , ,	N Ka	rel DATE	D BY REGISTRAR AY 25 '61	Ciribun	_ , , ,			

ALLES! X 500 0130 040 Market State of the Control of the C of converted and to revenue that the hard or and the state of t Signature, Mariane, M. I. L. Shangelik, Mittelline, Mintel Sch, 25. A CONTRACTOR OF THE PARTY OF TH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	5425	CE	RTIFICA	TE OF DEATH				541	7	
1. PLACE OF DEATH	22.0		MARYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY	n: Residence	before admis	sion)	
	roll			Maryl			NET OTE	OFIG		
b. CITY OR TOWN RURAL and give	(If outside corporate limits	, write c. LENGTH C	OF STAY IN 16	c. CITY OR TOWN (If	outside corpore	ate limits, write RU	IRAL ond giv	e nearest tow	n)	
Sykesv	ille	Lyrs.3	mos.25d	s. Balti	more	31	01-	4		
d. NAME OF HOS	PITAL (If not in haspital, given			d. STREET ADDRESS 5810 Bent	on Hair	ghts Ave.		ON	SIDENCE A FARM?	
Springf		Hospital				7				
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont	-	12	Year 19 61	
(Type or print)	James			Chvojan	DEATH		lay			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			MARRIED	B. DATE OF BIRTH	9	9. AGE (In years last birthday)		YEAR IF UND	-	
Male	White	WIDOWED 🔀 C	OVORCED [8-12-71		89 yrs.		110013	74,011.	
10g. USUAL OCCUPA	TION (Give kind of work de orking life, even if retired)	one 10b. KIND OF BUS	INESS OR INDUS	STRY 11. BIRTHPLACE (State	or fareign cou	untry)	12, CITIZE	N OF WHAT		
Baker	orking me, even in terried)			Czecho	slovak	ia		U.S.A		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	IV-U-P-Q-1				
					-					
	VER IN U. S. ARMED FORCE		RITY NO. 17. IN	IFORMANT		Addre	ess		,	
(Yes, no. or unknown)	(If yes, give war or dates of ser	vice)		Springfield	Medica:	1 Records	S			
18. CAUSE OF D	EATH [Enter only one cou	se per line for (o), (b),	and (c).]				DW E	INTERVAL B		
PART I. D	EATH WAS CAUSED BY:	4.000	+ 60	· C. L.				ONSET AND	DEATH	
1120	DUE TO				1					
720		7			II.	11.		1.		
	gove rise to immediate (b) (exclave Levale Mean desease								<u> </u>	
couse (a), statir										
lying cause los	_ ' (0).									
PART II. C				NOT RELATED TO THE TERM				1(o) 19. WAS	ORMED?	
3 C.B.S.	C.B.S. associated with senile brain disease with psychotic reaction YES (X) NO [
OR CONTRIBUTION	WAS UNDERLYING [] :	20b. DESCRIBE HOW IN	NJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Part	It of item 18.)				
A 100 - TIMES, 14011		Jan I www.mu n. accus	20. 01	ACE OF INTERVALLED STATE	1000 1511				(6 1	
WEDICAL TIME OF INJ).	While Nat whi	6-	ACE OF INJURY (Home, for ctory, street, affice bldg., et	c.)	or rown)	(Co	unty)	(State)	
p. n	19	ot work at work								
21. 1 certify t	hat (I) (this haspital)	attended the dec	eased fram.	1-17- 19	257 . to	5-12	-, 19.61	., that (I)	(we) last	
saw the dece	ased alive an	5-12-1961	, and that o	leath accurred 0:11	MAMram	the causes and	d an the	date state	d abave.	
22a. SIGNATURE	0 ^	1	/						2b. DATE	
Clar	ustin c	tel Cur	n ho	M.D. PHYS.	AED.	STAFF PHYS.	Morr 7	2 106	SIGNED	
220 PHYSICIAN'S		A	1	22d. ADDRESS			1100			
NAME Vype		- M D	1	Springfield	d Hoeni	tol Syk	esvill	a. Mar	vland	
Agus		po, M.D.	OF CENTERNY							
23a. BURIAL, CREMAT		23c. NAME	OF CEMETERY O	K CKEMATORT	230. USATI	ION (City, town, o	/ county)	(Sto	ne)	
Durial	3-16-61		17 real	nemor in.	104	Way	01.	1471105		
24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRES	1 0.1	250. REC	D BY REGISTE		TRAR'S SIGN			
Unlo	vaca v.	y Zuon	1460	LIFTER ADATE	19AT 17	'61 (arthur	8. Thous		
	1.6.3	8,					3 3 3			

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			Lines to Fig.
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	and old in motified office	Alta de filosopera a comen	
OIL TE	Billion of the second of the s		
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	CAMPAC TO A CONTRACT OF		
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s after death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 23

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	0750		CERTIF	ICAIE	OF DEAT			Reg. Dist	t. No.		
	Carroll Cou	nty,	MARYL		Maryland	nere deceased live	ed. If institution b. COUNTY	Car	e befare	admiss	ion)
RURAL and give			c. LENGTH OF STAY II		city or town (if a		limits, write R	URAL ond gi	ive neare	est town	1)
d. NAME OF HOSP OR INSTITUTION					STREET ADDRESS		- 0			ON A	IDENCE FARM?
	145 Will				145 Willis	1		-		YES [NO [8
3. NAME OF DECEASED (Type or print)	MAR		Middle	C	DHEN	4. DATE OF DEATH	May	th	Day		Year 19 6 1
5. SEX Female	6. COLOR OR RACE White		RIED NEVER MARRIED DIVORCED		OF BIRTH	7 / 9. 4	GE (In years ost birthday) 90 yrs.	Months		Hours	Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of wark orking life, even if retired	dane 10b.	KIND OF BUSINESS OR		. BIRTHPLACE (Stote	or foreign countr	7)		ZEN OF V	VHATC	OUNTR
House 13. FATHER'S NAME	wife		At Home		Russia MOTHER'S MAIDEN I	IAME		U	SA		-
TO. TATTLER & MARKE	? G	lickm	nan		?	ACMIL .					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORM	ANT		Addı	'ess			V Y
(144, no. or unknown)	(ir yes, give war or dates or s	ervice)	A	Mr. E	zra Cohen		2910 5	mith	Ave.	#9	
Canditians, if gove rise to cause (o), stoting lying couse lost	g the <u>under-</u> DUE TO	HYA	EREBRIQU PERTENSIV	- TE E ARI	tROMBO TROSCL VASEUL	EROTIC			/2		DEATH
PART II. O	ther significant con	DITIONS (CONTRIBUTING TO DEAT	th but not re	LATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART		PERFO	RMED?
OR CONTRIBUTION	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter	noture of injury in	Port I or Port II o	of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	10	20d. II While of wor	Not while		INJURY (Home, form eet, office bldg., etc		rawn)	(C	ounty)		(Stat
21. I certify to alive an	that I attended the APRIL 3 hylliam William			death accur	1959, to rred at 655A 19 RI WEST	M, fram the ADDRESS (Street,	causes an city or town,	d on the stote)	date s	stated	lecease d abav re signi
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREO)F	22c. NAME OF CEMEN			22d. LOCATION		or county)		(Stat	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	, 52 002	240 PFC	D BY REGISTRAR		STRAR'S SIG	NATURE		
					240. 1100						

Sol Levinson & Bros. Inc. 6010 Reist. Rd.

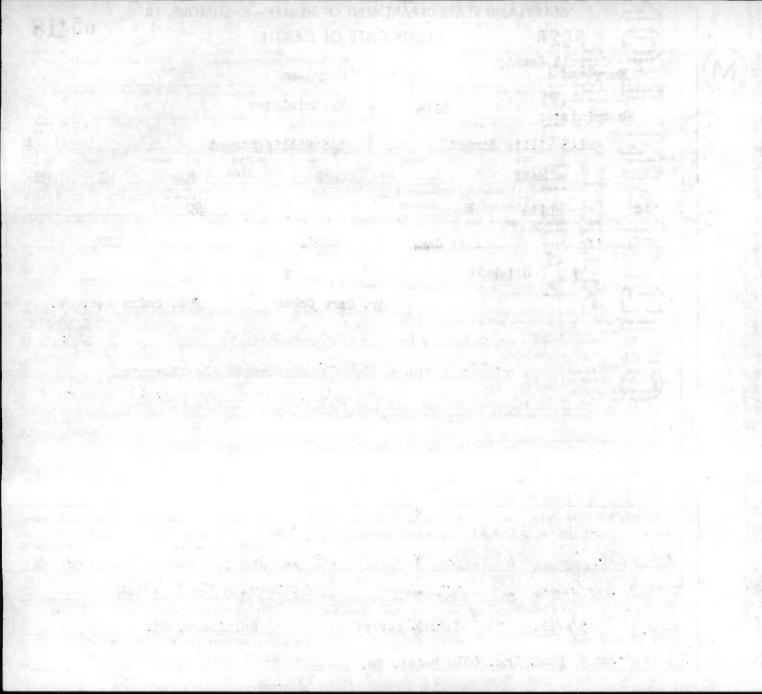
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ained by the haspital ar attending physician.

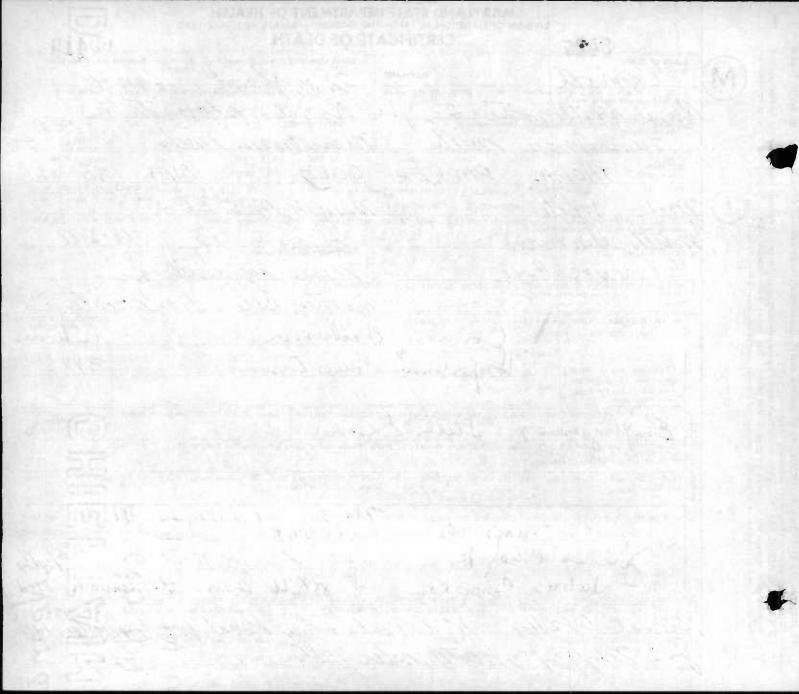
page 3 should be detached for use as the burial-transit



TO FUN

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	5427	CERTIFICA	TE OF DEATH		u5419
1	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	te deceased lived. If institution b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IT out	side corporate limits, write RUF	RAL and give nearest town)
ľ	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS	mille	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED	Middle	last	4. DATE Month	
5	(Type or print) /HOMAS	PARKER IRRIED NEVER MARRIED	COLE	DEATH ////	196/ FUNDER 1 YEAR IF UNDER 24 HRS
	male White WIDOW	WED DIVORCED	man 19 /	105 36 yrs.	Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if repired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME Sulle	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes. no. or unknown) (If yes. give war or dates of service)	6. SOCIAL SECURITY NO. 17. IN	FORMANT P	Address	trunt m
F	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).]	1 religion	rugions	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (o), stating the under-lying cause last.	ypertennus	Hend Dise	ws	3115
1000	PART II. OTHER SIGNIFICANT CONDITIONS Employers Y	1-1-11	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
11000	20g. ACCIDENT WAS INDERLYING 20b. DI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	rt I or Port II of item 18.)	
14010111	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whi p. m. 19 of w	600	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that (I) (this haspital) atters				19/L/_, that (I) (we) las an the date stated above
1	220. SIGNATURE Cha	1-18-	ATTENDING MED		22b. p./ TE 5 9 GN SI
	22c. PHYS (CIAN'S NAME (Type) Julius C	hep ko	22d. ADDRESS W.	Green U	Istumete ne
2	Ga. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME, OF CEMETERY OF	Clinday 1	23d. LOCATION (City, town, or	tometer M
2	J. 2 Maylas A	Motimole	mil	BY REGISTRAN 256, REGIST IN 5 '61 Q	RAR'S SIGNATURE



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	54	423		CERTIFI	CAII	OF DEA	ПН				1151	20
1. !	PLACE OF DEATH o. COUNTY Ca	rroll		MARYL	- II	a. STATE		ere deceased li yland	b. COUNTY		e before or	
	RURAL and give no	If outside corporate limit	s, write c	LENGTH OF STAY IN	N 16	c. CITY OR TOW			e limits, write R	URAL ond gi	ve nearest	lown)
	Sykesv	ille		21 days		Silv	er s	Spring		- 1	2000	1-
	OR INSTITUTION	TAL (If nat in haspital, gi				d. STREET ADDR					e. IS	RESIDENCE ON A FARM?
	Spring	field State	Hosp:	ital		820	Uni	versity	Blvd.			S NO K
	NAME OF DECEASED (Type or print)	Fin Walt		Middle Josep	h (connolly		4. DATE OF DEATH	May	th	15,	Year 1961
S. 5	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED		DATE OF BIRTH			AGE (In years last birthday)		_	JNDER 24 HRS
	Male	White	WIDOWED	_			189		67 yrs.	Months	Days No	durs min.
	during most at wor	ON (Give kind of work of king life, even if retired) G - Governme		ND OF BUSINESS OR	INDUSTR	New Y		or fareign cour	ntry)	12. CITIZ	U.S.	A.
13.	FATHER'S NAME					14. MOTHER'S MA						
I	Hugh J. Co	nnolly			511	Anne	Man:	ley				
1S.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	17. INFO				Addi			
	Vo	moo		None	Sp	ringfield	Ho	spital	Records			
	159711 1070	ATH [Enler only one country one Country one Country one Country on	Dec	for (o), (b), and (c).]	onia							AL BETWEEN AND DEATH
	Conditions, if o gove rise to i cause (o), stating lying cause lost.	mmediate (DUE TO	1 - 1	rcinoma of eft groin	the	bladder 1	with	metas	tasis t	o the	Mor	nths
CERTIFICATION	PART II. OTI	her significant cont brain syndi		NTRIBUTING TO DEAT	TH 8UT NO	OT RELATED TO THE	TERMI	NAL DISEASE (CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	18E HOW INJURY OC	CURRED. (Enter noture of inj	ury in P	ort I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	RY Month, Doy, Yeo	While at work [Nat while		OF INJURY (Homy, street, affice bld			r town)	(Co	ounty)	(Stote)
/	21. I certify the saw the decear 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	tr (1) (this haspital sed alive an May Agustin de	15,	1961, and t	ram Aj	ATTENDING PHYS.	7:L	D. RECTOR		d an the	date sto	226. DATE 16/61
	BURIAL, CREMATIC REMOVAL (Specify)	may 18	2-61	23c. NAME OF CEMET	TERY OR C	Heave	_	23d. LOCATION NO. BY REGISTRA	ON (City, town, or City, or	or county)	nature	(Stote)
/	fenno	n Bros	14	61991	tope	TEL DE DA	TE M	AY 17'6	4	withur S.		
			n	ast 1	DI			pa .				

Then please remave carban popers. Pages 1 and may be defined by the haspitol or attending physicion.

• DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24, TO FUN

ofter death. Page 4

by the funeral director, 12 should be filed with

VR A15 (4) 15M 9/59

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lease exe-	shauld be		rematian,	(
DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any d' is necessary, please exe-	r. Page 4	,	FUX.A.A. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, crematian,	
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ony d	uner	r you	regist	
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MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	BALTIMOR	E, 18
MEDIC	AL EX	AMINER'S	CERTI	FICATE	OF DEATI	d

	MEDICA Ites	L CAAMINER 3	CALCATE OF	Reg. Dis	1. Nd/5/121	
	I. PLACE OF DEATH Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceared on STATE Maryland	b. COUNTY Carr		
	b. City Or TOWN (If auticle corporate limits, write RURAL and give recreat town) Finksburg	nd give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Cedarhurst Road	darhurst Road darhurst Road d. STREET ADDRESS Cedarhurst Road			e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF First DECEASED (Type or print) Arthur	A, DeMoss	Lost 4. DATE OF DEATH	Month	Day Year 2 196/	
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE	DITORCED [9479 yr.	YEAR IF UNDER 24 HRS. Pays Hours Min.	
	Danaboaping	and of Business or Industriardner	11. BIRTHPLACE (Stote or foreign of Maryland	ountry) 12. CITIZ	EN OF WHAT COUNTRY?	
1	13. FATHER'S NAME John DeMoss					
1			hn DeMoss, 9 Dunki	irk Rd.Baltimor	re ,12,Md.	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), staling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	Shortling	
	ГОТО		nter nature of injury in Part t or Port It		PERFORMED? YES NO NO	
	Hour o. m. While	£	CE OF INJURY (Hame, farm, ry, street, office bldg., etc.)	or town) (Coun	ty) (Stote)	
	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and find that death resulted from: Natural couses ACTUAL SIGNATURE					
	220. Burial CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial May 10, 1961	22c. NAME OF CEMETERY OR Finksburg Cem		TION (City, town, or county) inksburg, Md.	(State)	
	23. FUNERAL DIRECTOR'S SIGNATURE J.F.Eline & Sons, Reisters	ADDRESS	24a. REC'D 8Y REGIST DATE AY 1 2 '6'	RAR 24b. REGISTRAR'S SIGN		

VS. A15ME(5) 5M 9/55

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balto.City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 24 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1409 Tennant Way YES NO TO 4. DATE OF Manth Day Year DEATH 30. May 19 6] 1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Joseph Desell *市方安有专款有 Anne McCoy 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. Address Springfield Hospital Records No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchooneumonia Days IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY C.B.S. assoc. with brain trauma, gross force with psychotic reaction. PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) o. m. Nat while at work ot work 21. I certify that (I) (this haspital) attended the deceased fram. January 20, 1969, to May 61, and that death accurred at 1:30 M M ram the causes and an the date stated above saw the deceased alive an 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS 220 PHYSICIA 22d. ADDRESS Agustin delCampo. M.D. Springfield Hospital, Sykesville, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria June

25a. REC'D BY REGISTRAR

DATEIN

25h REGISTRAR'S SIGNATURE

24 Filled Pages death. completely papers. af. and physici attending d puo by permit. remayal. has been signed buriol-transit physician cremation, or attending the OS this 0 for After detached DIRECTOR: 0 pla poge 3 st TO FUN VR A15 (4)

I director, filed with

the funeral a

after death. Page

15M 9/59

24 FUNERAL OFRECTOR'S SIGNATURE

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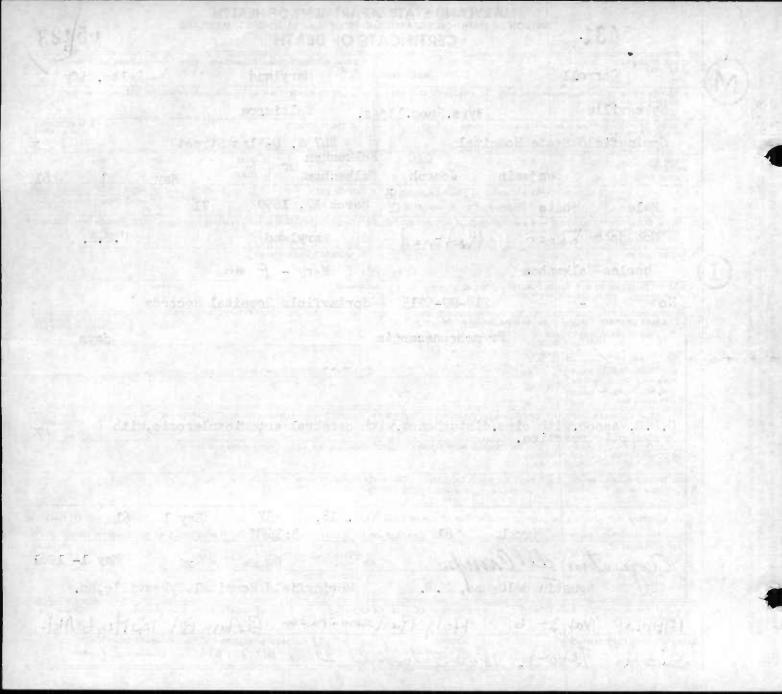
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05423

M	1. PLACE OF DEATH G. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE Maryland b. COUNTY Balto.	
onid be	b. CITY OR TOWN (If outside carporate limits, write RURAL and give pearst town) Sykesville 3yrs.5mos.13d.		nearest tawn)
015	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS 847 S. Dallas Street	e. IS RESIDENCE ON A FARM? YES NO
death.	OFCEASED (Type or print) Benjamin Joseph	Falkenham or A. DATE Month OF DEATH MAY	Day Year 1 1961
aurs after de	Male White WIDOWED DIVORCED	March 17, 1890 last birthday) Months Days	AR IF UNDER 24 HRS. Hours Min.
72 haurs	10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) Retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN C U.S	A.
(I) Charles Falkenham	14. MOTHER'S MAIDEN NAME. Mary - Finh	
event, w	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 218-09-5215	Springfield Hospital Records	
or remaval, and in any	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	01	TERVAL BETWEEN NSET AND DEATH AYS
ol, cremotion, o	C.B.S. assoc.with circ disturbance, wi psychotic reaction. 200. Accident was underlying 20b. describe how injury occurre or contributing 20c or destribe in the contribution of contributing 20c or destribe in the circ disturbance, wi	th cerebral arteriosclerosis, with cerebral arteriosclerosis, with the cerebral arteriosclerosis, with the control of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at work at work	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (Caunty	y) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on May 1		te stated abave.
	22a. SIGNATURE Campo 12c. PHYSICIAN'S NAME (Type) Agustin delCampo, M.D.	M.D. ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS Springfield Hospital, Sykesville	y 1- 1961 ,Md.
The State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL OF COMPTERY CONTROL OF	OR CREMATORY LEEMST Com. Bokun Rd. Batto	L Md.
1),	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1800 15. Lumbo	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAT DATE MAY 3 '61 Cultury 8. 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be made by the haspital ar attending physician.

TO FUNK. ID INSECTION. After this certificate has been signed by the attending physician and completely filled to the funeral director. The major of the property of the VR A1S (4) 1SM 9/S9



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CERTIFICATE OF DEATH

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	U	TON					111424
	1. PLACE OF DEATH a. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased lived. If it b. CO		before admission)
M	b. CITY OR TOWN RURAL ond give. Sykesvi	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f autside corporate limits, v stown	vrite RURAL and giv	e nearest town)
15	d. NAME OF HOSE OR INSTITUTION Springfi	PITAL (If not in hospitol, give stre Leld State Hosp,	et oddress)	d. STREET ADDRESS Walnut St	tr. C	3X -2	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Nora	Middle May	Flater	4. DATE OF DEATH	Month May	Day Year 29 19 6
	5. SEX Fem	W	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/9/73	9. AGE (In lost birth	To A land	YEAR IF UNDER 24 H ays Hours Min
	10a. USUAL OCCUPAT during most of wo HOUSEWII	TION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto			U.S.A.
	13. FATHER'S NAME Thomas	aylor		Anne Leppe			
T)		VER IN U. S. ARMED FORCES?		NFORMANT Hospital Reco		Address	
	The state of the s	EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).] Bronchopneumoni.	a			INTERVAL BETWEEN
	Canditions, if gove rise to cause (a), statin	immediate DUE TO	Myocardial Deg	eneration			months
		it. (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					
0	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	MAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury i	in Port I ar Port II af item 1	8.)	
	ZOc. TIME OF INJU	n. Whi	6-	ACE OF INJURY (Hame, for		(Co	unty) (Sta
		hat (1) (this haspital) after ased alive an	V.L	death accurred at	30 M, from the caus		that (I) (we) li
1	220. SIGNATURE	a S. fle	Mu	ATTENDING _	MED. STAFF PHYS.	ø 5 ₇	29 - 61 SIGN
1	22c. PHYSICIAN'S NAME (Type	a S.Glahn M.D.		22d. ADDRESS Springs	field State F	losp.	
	230. BURIAL, CREMAT REMOVAL (Specif Burial	^(y) 6-1-1961		Park Cemetery		e. Ma	(State)
2	24. FUNERAL DIRECTO	DES SIGNATURE	8728 Libert Randallstov	y Md	C'D BY REGISTRAR 256	REGISTRAR'S SIGN	

I. OR ATTENDING PHYSICIAN; The law requires that the death certificate be excalmed by the hospitol or attending physician.
URRECTOR: After this certificate has been signed by the ottending physicion and VR A15 (4)

the funeral director,

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ase remove carbon papers. Pages 1 and 2 should in any event, within 72 hours after death. thin 24 hours after ARAL DIRECTOR: After this certificate has been signed by the attending physician and complet, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health prior to burial, cremation, or removary and in any event, within 72 OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu TO HOSPITAL death TO Fr. director, be filed

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115195 CERTIFICATE OF DEATH

5433	CERTIFICATI	OI PLAII			U	0445
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where dece	esed lived, If in	stitution: Residence	ca bafore admission
a. COUNTY		e. STATE		b. COUNT	¥77	
Carroll	MARYLAND	Mary.			arrott	17.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (It oulside corpore	ete limits, Write I	KUKAL and giva r	naerest town)
ruralFinksburg	56 yrs.	rura	lFink	sburg		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS				a. IS RESIDENCE
at Gamber	CONTRACT TE	at Ga	amber			YES X NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey	Үөөг
(Type or print)	M. FT.AT	מידי	DEATH	MAV	10	19 61
5. SEX 6. COLOR OR RACE 7 MADDIED	224	DATE OF BIRTH	19.	AGE (in years II	F UNDER T YEAR	IF UNDER 24 HRS.
7. MARKIED	A THE VER MARKED	DATE OF BIRTH		1 1 1 1 1 1 1 -	Months Days	Hours Min.
male white WIDOWED	DIVORCED	1-1-1880		81 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	nty & State, or fo	reign country)	12. CITIZEN O	F WHAT COUNTRY
	man	Marvla	and		U.	S.
retired farmer OV	mer	14. MOTHER'S MAIDEN	1 TO			5.
	ALC: USE OF THE PARTY OF THE PA					
John N. Flate		Cather:	ine Pe	enning	ton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unkown) (Ifyesgive werendetes of service)	OCIAL SECURITY NO. 17. II	NFORMANT		Address		
	one Mr	s. A. Gold	die Fla	ter.	same as	#2
18. CAUSE OF DEATH [Enter only one couse per line		001	0	roct 9 .		ERVAL BETWEEN
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ceuse lest.) (c) UU	mon of	CVI DU			7	vaves
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1/6) T	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTR					1	IES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCR	BE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II o	f item 1B.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
				-		
20c. TIME OF INJURY Month, Day, Yeer 20d. INJ	Not While 20e. PLAC	CE OF INJURY (Home, farm ry, street office bldg., etc		r town)	(County)	(Stete)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY Hour a.m. While et work [et work					
	d the decreed from A	/-/-	4030 105	5-10-	- 16/1	hat (1) (240) la
21. I certify that (I) (this hospital) attende						hat (I) (we) la
saw the deceased alive on	199./, and that	death occured	M, from	the causes a	nd on the da	ate stated above
22e. SIGNATURE	1000	ATTENDING	MED.	STAFF		226. DATE SIGNE
Rimes / Los	Yell M.	DIANG TO .	DIRECTOR [PHYS.		3-11-6
22c, PHYSICIAN'S	E/15 11	22d. ADDRESS	-	1		41
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23e. BULLAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. MAME OF CEMETERY C	OK CKEMATORY!	23d. LOCAT	ION (City, town	n or county)	(21914)
BURIAL 5-13-1961	Providence	ce	Carro	11 Co.	Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REG		AR 25b. REGI	STRAR'S SIGNAT	
C. M. Waltz, Wind	field, Md.	DATE M	AY 15 '61	Ch	thun S. Tha	ua
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CHAMPS OF

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
				DEATH		

5434	CERTIFICATE OF DEA	TH Re	eg. Dist. No.U 5426
1. PLACE OF DEATH O. COUNTY ARROLL	MARYLAND STATE	(Where deceased lived. If institutions b. COUNTY)	4121214
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) J. J. R. A. J. J. R. A.	12 VEHRINEST	(If outside carporole limits, write RURA	l ond give nearest yown) R IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	Middle Last	4. DATE Month	Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED		9. AGE (In years If I lost birthday)	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	- 1/00/	State or foreign country) PV LAIVI)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CHARLES GARBER	14. MOTHER'S MAIDE MARTH	EN NAME	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	NE WILLIAM GAR	BER KEYMAR	MD
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. DUE TO	ypertusin		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THETE	ERMINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	E HOW INJURY OCCURRED. (Enter noture of injury	y in Port 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. 19 While of work	RY OCCURRED Not while of work 20e. PLACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an May 8, 196 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	from 1960 to 1	ADDRESS (Street, city or fown, system of the first ways)	it I last saw the deceased in the date stated above. DATE SIGNED WSTEN WISTER WSTEN WIFE
BURIAL MAY 22-1961	C. NAME OF CEMETERY OR CREMATORY HAVE HS	22d. LOCATION (City, town, or co	co mo
23. FUNERAL DIRECTOR'S SIGNATURE DD Hartsler & Sons Um	· Vid mid		AR'S SIGNATURE

ASSESS.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5435

CERTIFICATE OF DEATH

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		CERTITI	6/11E	O. D				004	61
1. PLACE OF DEATH				SUAL RESIDENCE (WI	here decease			e before ad	mission)
Carro]	11	MARYLA	ND °	. STATE Marvland	1	b. COUNTY	Balti	more	1
b. CITY OR TOWN	(If autside corporate limits	, write c. LENGTH OF STAY IN	11ь с.	CITY OR TOWN (IF		prote limits, write R	URAL ond g	ive nearest	lown)
RURAL ond give		1 mo. 5	das.	Baltimore	7.		0.	XX	1
d. NAME OF HOS	PITAL (If not in hospital, gi			. STREET ADDRESS				e. IS	RESIDENCE
OR INSTITUTION	ield Hopsita	1		3027 Ball	lder A	Tranila			N A FARM?
NAME OF	First Tops 102			Last	4. DATE	Mor	45.		Yeor
(Type or print)	m		- 0		OF DEATH			Day 5	
SEX SEX	6. COLOR OR RACE			skins, Sr.	DEATH	9. AGE (In years	AT INDER	1 YEAR IF U	1961
SEX		7. MARRIED NEVER MARRIED		E OF BIRTH		lost birthdoy)		Days Ho	- 1
Male	11777 00	WIDOWED DIVORCED		12-18-75		85 yrs.			
de ing most of w	TION (Give kind of work dorking life, even if retired)	one 10b. KIND OF BUSINESS OR	INDUSTRY 1	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	ZEN OF WH.	AT COUNTR
Seam fit		-		North Ca	arolin	a	4 4 5	U.S.A	
FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
Thomas	s Gaskins			Ellen	Wheel	ev			
. WAS DECEASED E	VER IN U. S. ARMED FORCE		17. INFORM				lress	-	
'es, no, or unknown)	(If yes, give war or dates of see		C.	ringfield	Recon	de			
TIB. CAUSE OF D		se per line for (o), (b), and (c).		u Tugitero	THEFOR	us		INTERVA	L BETWEEN
Committee of Contract of Contr	EATH WAS CAUSED BY:		5.					ONSET A	ND DEATH
11014	IMMEDIATE CAUSE (0)	Bronchopneum	onia					da	ys
14111	DUE TO								
Conditions, if				11 ch 25 5					
couse (o), stotin	DITE TO								
lying couse los	<u>t.</u> (c)	<u> </u>							
PART II. O	THER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEAT	H BUT NOT F	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART	1(o) 19. W	AS AUTOPS'
Schize	onhrenic resc	tion, paranoid	tvne.						□ NO €
200. ACCIDENT V	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC		er noture of injury in	Port I or Por	rt II of item 1B.)			
(IF EITHER, NOTIL	G CAUSE OF DEATH								
20c. TIME OF INJU	URY Month, Doy, Yea	20d. INJURY OCCURRED 20	De. PLACE O	F INJURY (Home, farn	n, 20f. (City	y or town)	(C	ounty)	(Stot
Hour o. m	1.	While Nat while		treet, office bldg., etc					
		ot work ot work			12	27 6	7	7	
21. I certify the	hat (I) (this haspital)	attended the deceased fr							I) (we) la
saw the dece	ased alive anMa	ay 5, 1961, and th	nat death	accurred all:	La, Alm	the causes ar	nd an the	date sta	ted abav
220. SIGNATURE	1. 1	0 . 1.		A TTENIBINIO					22b. DATE SIGNI
Clone	My del	Campo Ma	M.D.	ATTENDING M	IRECTOR	STAFF PHYS.	May 5,	, 1961	. 310141
22c. PHYSICIAN'S		-//		22d. ADDRESS					-
MAME (Type	stin del Cam	po, M.D.		Springfie	ld Hos	spital, S	ykesvi	ille,	Md.
Ba. BURIAL, GREMAT			ERY OR CREA			TION (City, town,			State)
DEMOVAL (Specia		MORELANI	A 4	///_	B.	4	/	IND	0.010)
FUNERAL DIRECTO	D'S SIGNATINE	ADDRESS) /HENO		D BY REGIS	TDAP 25h PEGI	ISTRAR'S SIG	NATURE	
CI E	T. C. C.	T	1	12/	10		Clus S. 1		
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aurs ofter death. Page 4 by the funeral director, at 2 shauld be filed with may be be been been been so the haspital ar attending physician.

TO FUNK
DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detoched for use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be the haspital ar attending physician.

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o. STATE

B. DATE OF BIRTH

d. STREET ADDRESS

Last

R.D. #

c. LENGTH OF STAY IN 16

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7. MARRIED NEVER MARRIED

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MARYLAND

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

20

Days

Months

. IS RESIDENCE

ON A FARM?

YES NO TO

Year

1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

rural- Sykesville

4. DATE

OF DEATH

b. countyarroll

Month

MAY

9. AGE (In years lost birthday)

or offending physician.

requires that the deoth certificate

	TRAME (Type)	2 66
23a.	BURIAL, CREMATION,	236. DA
	THE STREET OF STREET	

DIVORCED [80 WIDOWED | male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland laborer farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Williams Timothy Gassaway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Katie Gassaway none same no 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc. Hour a.m. While Not while at work at work 21. I certify that (I) (this hospital) attended the deceased fram... saw the deceased alive an , and that death accurred at ZGM, from the causes and an the date stated above. 22a. SIGNATURE 226. DATE ATTENDING PHYS. / SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Sykesville, Md. TE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) 23-196 White Rock Co. Maryland 256 REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Chilbury S. Frank DAMEAY 23 '61 M. Waltz Winfield, Md.

ofter death. Page

5436

Carroll

b. CITY OR TOWN (If outside corporate limits, write

rural -- Sykesville

JAMES

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

First

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PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

DECEASED

S. SEX

(Type or print)

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Page 4	director,	ed with	(1
death.	may by made by the haspital ar attending physician. TO FUNN. 1 DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director.	old be fi		-
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TALO	T DI	plood	the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.	
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VR 15/	A15	(4)		

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1. PLACE OF DEATH a. COUNTY	Carroll		MARYLAND	2. USUA a. ST			d lived. If instituti b. COUNTY	21	nce before		sian)
b. CITY OR TOWN (RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CI	TY OR TOWN (II	f outside corpo	rate limits, write R	URAL and	give nec	arest taw	n)
	- Sykesvil	le	2 yrs. 20da	ys	Silv	er Spr	ing		1	5	49.
d. NAME OF HOSPIT	'AL (If not in haspital, g	ive street	address)	d. \$1	REET ADDRESS					e. IS RES	FARM?
	field State	e Hos	pital		210 In	dian S	pring Dri	ive) NO X
3. NAME OF DECEASED	Fir	sl	Middle		Last	4. DATE	Mon	ith	Da	,	Year
(Type ar print)	Blanch	е	Charlott	e (HOODELL	OF DEATH	MAY		1	.0	1961
5. SEX		7. MARE	RIED NEVER MARRIED	B. DATE C			9. AGE (In years last birthday)	IF UNDE Manths	R 1 YEAR	IF UND	ER 24 HR
Female	White	WIDOW	DIVORCED	2-2	25-1881		80 yrs.				
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Sto	te ar foreign co	auntry)	12. CI	TIZEN OF	WHAT	COUNTRY
Practical N			e		Iowa				U.S.	Α.	
13. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME					
James C. Hi	11			I	lary Jan	ne Ball					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMAN	T		Add	ress			
No		5	78-30-4687	Hospit	cal Reco	rds					
18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						INTI	ERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Sphyxia								72.7 74.40	DENTI		
411	4/// DUE TO										
Canditians, if a		0c	clusion of tra	chea	and bron	nchi wi	th puree	d for	ods.		
	gave rise to immediate Couse (a), stating the under-										
lying cause last.											
PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PROPRIED 19. WAS AUTOPSY PERFORMED?										
asso	clated Wit	n cer	rebral arterio	sclere	osis, wi	th psy	chotic re	eacti	on.	YES	NO
PART II. OTI Chronic to associate the contribution of contribution (if either, notify	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter n	ature of injury i	n Part I ar Par	1 II of item 18.)				
		ar 20d. 1	NJURY OCCURRED 20e.	PLACE OF IN	JURY (Hame, fa	rm, 20f. (City	ar tawn)		(County)		(State
Hour a.m.	19	While at war	THOI WILLIE	factary, stree	t, affice bldg., e	etc.)			, , , , ,		
				1. 20		2.59. ta_	5-10	10	67		
			ded the deceased fram								(we) la
saw the decea	sed alive an2	-10	1961 , and that	death ac	curred at 12	MOOMam	the causes ar	nd an th	ne date	stated	b. DATE
220 3101471012	1417	PIN	nn 11.	ATT PHY	ENDING X	MED.	STAFF PHYS. X			44	SIGNE
22c. PHYSICIAN'S	1).	1000	- Jun	- 2				to Uo	em d d	٦.	
NAME (Type)	Ilse Kamm	. M.	D.				ield Stat			d.L	
23a. BURIAL, CREMATIC			23c. NAME OF CEMETERY	OR CREMAT	ORY		TION (City, tawn,			(Sta	tal
KEMOVAL (Specify			GITA ON	1701	17/2 10		ealon	Md		(ald	,
24. SUNERAL DIRECTOR			ADDRESS	1104	25g PF	C'D BY REGIST		STRAR'S S	IGNATU	RE	
1 -0	1	1	011 / A.	1/4	11-	C D D. REOIS	250, 11201				

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b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)

Sykesville

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. JENGTH OF STAY IN 16 weeks

Maryland

Woodbine

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N	4
	1. PLACE OF DEATH

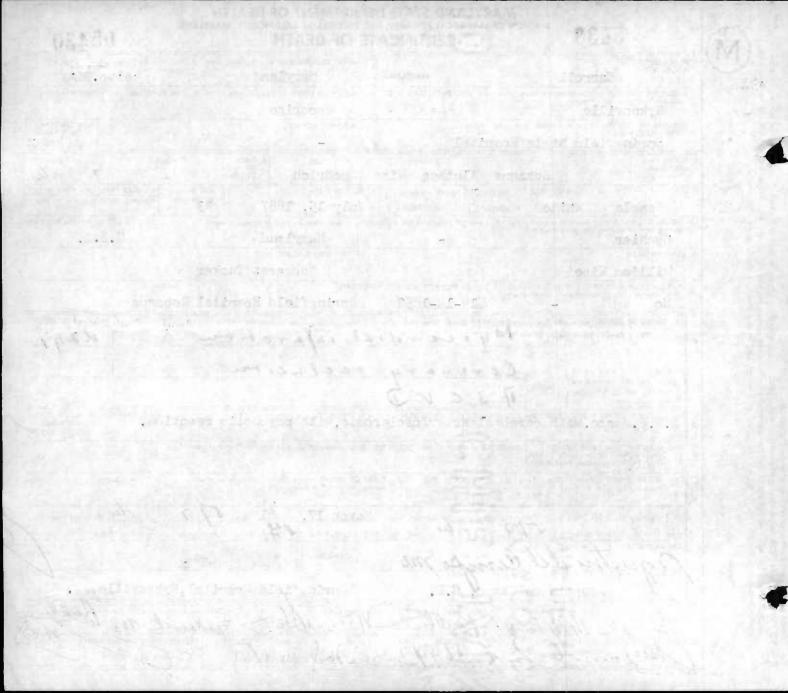
funeral director, auld be filed with AL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 plined by the haspital ar attending physician.

**DIRECTOR: After this certificate has been signed by the attending physician and campletely filled.

executed within 24 haurs after death. Page 4

VR AIS

d 2 shauf	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Springfield State Hospital - G. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
Pages 1 of death.	3. NAME OF DECEASED (Type or print) Suzanne Alethea: Wise Goodrich 4. DATE OF DEATH TO THE TOP TO T
4 0 0	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
- 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier 10b. KIND OF BUSINESS OR INDUSTRY Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
cian and cian and carban ithin 72 h	13. FATHER'S NAME William Wise 14. MOTHER'S MAIDEN NAME Margaret Tucker
g physici remove event, with	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Output No Output Address Springfield Hospital Records
attending n please re in ony eve	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Y C C T CLI & T L T C T C T C T C T C T C T C T C T C
by the it. Their ond	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Y cerrolial infarction ONSELAND DEATH Canditions, if any, which (b) Core nary ecclusion Conditions, if any, which (b) Core nary ecclusion
signed signed it permi	gave rise to immediate cause (a), stating the under-lying cause last.
physicia as been all trans ation, a	C.B.S. assoc. with cerebral arterioscierosis, with psychotic reaction. 19. Was autopsy performed? Yes \(\text{NO.19} \)
Man: The ending ph ficate has the burial st, cremati	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIII ar ath nis certii use as to buric	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while of wark
DING haspite After the hed far h prior	21. I certify that (I) (this haspital) attended the deceased fram March 17, 1061, ta 7, 19 4, that (I) (we) last saw the deceased alive an 7, 194, and that death accurred at 24, fram the causes and an the date stated above.
ATTEN by the CTOR: e detac of Healt	220. SIGNATURE O austru del Campo M.D. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. TX
Al OR Jined Jined Direct Board of Board	22c. PHYSICIAN'S NAME (Type) Agustin delCampo, M.D. 22d. Address Springfield Hospital, Sykesville, Md.
may be o FUNA page 3 s. the State	230. BURIAL, CREMATION, 23th DATE THEREOF 230 NAME DECEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) forther law.
VR A1S (4) 1SM 9/59	24. FUNERAY DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DEVOICE MAN DAMAY 9 161 Cuting & Kinese
13m 7/37 Y	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH E 1.20

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Market of Market	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY HOUSTAND
death.	b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY ON TOWN (If outside carporate limits, write RURAL and give nearest tawn)
ofter y the full	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
a pu	rulen lursing Home
thin 24 h y fillec loges 1 death.	3. NAME OF DECEASED (Type or print) RICHARD B GOTT ADATE Month Day Year OF DEATH HOLY 18 196/
d within letely s. Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. 11 Min Months Days Haurs Min. Min.
xecute popel	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Greign country) 12. CITIZEN OF WHAT COUNTRY?
ion on 72	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physic emave ent, with	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, Ino) or unknown] [If yes, give why or doles of service)
ding se r	John Joll - 3636-1645t. Washing lane
attend n plea in any	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) INTERVÁL BETWEEN ONSET AND DEATH
that the by the t. The al; and	Canditions, if any, which) a levent desert. Cardia failure, Enterorelessis 70
quires igned permi	gave rise to immediate cause (a), stating the under-
red sian s insit	Iying cause last. (c)
physic physic has be- rial-tra nation,	PERFORMED? YES NO
IAN: Tending ficate the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att his certi r use as ta burit	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED Mile Not while at wark a
bing haspith After the hed for	21. I certify that (I) (this haspital) attended the deceased fram. 1958, 19, ta 18 May, 1961, that (I) (we) last
ATTEN by the CTOR: detoc Healt	saw the deceased alive an Allay 19 61, and that death accurred at 3 1 1 M, from the causes and an the date stated abave. 22a. SIGNATURE ATTENDING PHYS. ATTENDING DIRECTOR PHYS.
dined by the cord of oard of	22c. PHYS. CIRECTOR PHYS. PHYS. 18 Mag (
Shau Book	Howard & MAII Hyberryll, Min
may be FUN.	230 BURIAL, CREMATION, 23b. DATE THEREOF 230, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 5/20/61 DONC ORES
5 - 5	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A1S (4) 15M 9/59	Willerin B. Fllow Barres villo M& DATE MAY 23 '61 Cirling S. Thomas

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e. IS RESIDENCE

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INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES NO Y

22b. DATE

May 13.

(State)

(Stote)

ON A FARM?

YES NO T

Yeor

1961

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Carrell Co b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 3711 Second St., Baltimere Woodbine yrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Baltimere, Maryland Weitzel Nursing Home NAME OF Middle 4. DATE Last Manth DECEASED (Type or print) James Preston Graves Sr. DEATH May 13. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Manths White DIVORCED [Male WIDOWED K 82 17, 1878 yrs 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Maritime Watchman Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Clara Seibert 3711 Second St. Balte 25. Md No 1B. CAUSE OF DEATH [Enter only ane cause per line far (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) Manth. Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur o. m. While Nat while of work of work p. m 21. I certify that (1) (this haspital) attended the deceased fram. , and that death accurred a ... M, from the causes and an the date stated above. 1961 saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS.

NAME (Type) Howard E. Hall 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county)

4001 Ritchie Hwy.

22d. ADDRESS

Burial (Specify) May 16. 1961 Glen Haven Mem. Pk. ADDRESS

Glen Burnie, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEMAY Christing S. Through 18'61

George J. Gence

24. FUNERAL DIRECTOR'S SIGNATURE

once

22c. PHYSICIAN'S

the by permit. remayal gned attending physician. burial-transit been : or cremation, has ATTENDING PHYSICIAN: The certificate the SD or 0 by the hospital After 1 detached DIRECTOR: pe OR ained Board plood HOSPITAL FUR poge the St 0 0 VR A15 (4) 1SM 9/59

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CEPTIFICATE OF DEATH

0221,	CERTITION	1201 01/1/63		200
PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who	nd b. COUNTY	Residence before admission) Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at Denton	itside carparate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Henryton State Ho		d. STREET ADDRESS 510 Li	ncoln Street	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) First Milford	Middle	Greenfield	4. DATE Month OF May	Day Year 19 1961
SEX 6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH 6-4-06	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	KIND OF BUSINESS OR INDUS		or foreign country) ngs, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
n father's name unknown		Pearl Gree		
(es, no, ar unknown) (If yes, give war or dates of service)		MicCord Green	field-Patient	
18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY: Carc IMMEDIATE CAUSE (a)		Lungs with M	etastasis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 18.)	
Haur a.m. While	k at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(County) (State)
21. I certify that (I) (this haspital) attends saw the deceased after an May 19	led the deceased fram	leath accurred at	OA.M. M, fram the causes and	, 19, that (I) (we) last I an the date stated abave.

lodgars M. Main lacy 22o. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS

MED.
DIRECTOR

22b. DATE 5-19-61

22c. PHYSICIAN'S NAME (Type)

Maculans Edgars M.

DATE THEREOF

37

Henryton State Hospital, Henryton, Md. 23d. LOCATION (Gity, town, or county) (State)

23o. BURIAL, CREMATION, 23b. REMOVAL (Specify)

ADDRESS.

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/S9

the attending physician and campletely filled by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

ILDIRECTOR: After this certificate has been signed by the attending physician ond campletely filled nould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

urs ofter death. Page 4

moy be "fained by the haspital ar attending physicion.

TO FUN: A DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs, ofter death.

DATE AY 2 4 '61 Chrima S. Thous

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VISION OF STATISTICAL	RESEARCH AND	RECORDS —	BALTIMORE 1, MARYLAN

5	1.4.9	N OF STATIS		TE OF DEATH		MAKILAND			166	21
1. PLACE OF DEATH	rroll		MARYLAND	2. USUAL RESIDENCE (WHO as STATE Mary)		d lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (RURAL and give no Sykesv	If outside corporate limits, earest tawn)		GTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carpo more 2		URAL and	give neo	rest tawn	4
OR INSTITUTION	TAL (If not in hospital, give 'ield State H			d. STREET ADDRESS 615 S.	Lehi gh	Street				FARM?
3. NAME OF DECEASED (Type or print)	First Ann	a	Middle Burdach	Gulas	4. DATE OF DEATH	May	th	30	′	Year 19 61
s. sex Female	7.71	MARRIED T	NEVER MARRIED	8. DATE OF BIRTH July 26, 187	9	9. AGE (In years last birthday) 81 yrs.	IF UNDER	1 YEAR Days	Hours	R 24 HRS Min.
10 USUAL OCCUPATION	011101 11 1 1 1 1			INTERNAL DIRECTOR ACTUAL			10 CIT	1751105	MARIATO	CHAITON

(Type ar print)	An	na Burda	cn Gulas	DEATH	may		20	,	19 0.		
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	8. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UND	ER 24 HRS		
Female		WIDOWED TO DIVORCED		.879	last birthday) 81 yrs.	Manths	Days	Hours	Min.		
100. USUAL OCCUPATION during most of work Housewif	king life, even if retired)	ane 10b, KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (ountry)		U.S	· A.	OUNTRY		
13. FATHER'S NAME			14. MOTHER'S MAID	14. MOTHER'S MAIDEN NAME							
Alexander Burdach			Anna I	Anna Laslo							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE			17. INFORMANT		Add	ress	Part of				
No.	jir yes, give war or dates or se	TVICE)	Springfield	Hospita	al Record	s					

	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Octavia a Ceretic Heart description	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. DUE TO (b) Caronary Outle reactlesses & Directe (c)	
CATION	C.B.S. associated with senile brain disease with psychotic reaction.	19. WAS AUTOPSY PERFORMED? YES NO

CATIO	CATIO	C.B.S. associated wit	h senile brain disease with psychotic reaction.	PERFORMED? YES NO
- 1	2	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)	

MEDICA	20c. TIME OF INJURY Manth, De Hour o. m. p. m.		20d. INJURY OCCURRED While Not while at wark at at wark	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)		(Caunty)	(State)
	21. I certify that (I) (this ha	aspital)	attended the deceased	from March 18, 195	9 . to May 30,	19 61, that (1) (v	ve) last

ı	21. I certify that (I) (this h	aspital) at	tended the de	eceased fram.	Ligi	CH TO	12.	27 , ta 🖺	la,y Du	<u>, 19_0.</u>	±, tho	t (I) (we)	last
	sow the deceased alive or	May	30, 196]	ond that	death	occurred	at2:21	MP, Mom	the causes	ond on the	dote s	tated ob	ove.
	Construi	del	Court	10	M.D.	ATTENDING PHYS.	☐ ME	D. RECTOR	STAFF PHYS.			5/30/	

Closes	stri e	del Campo.	lo.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. X	5/30/6
22c. PHYSIC AN'S NAME (Type)	Agustin	delCampo,	M.D.		Springfi	eld Hosp	ital,Syke	esville,Md.

	**649 411 401	odinbo,		
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION, (City, town, or caunty)	(State)

BURIAL LONE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE '61 DATEJUN Civiling S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be realised by the haspital or attending physician.

TO FUNA. I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 finally be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be clined by the hospital or attending physician.

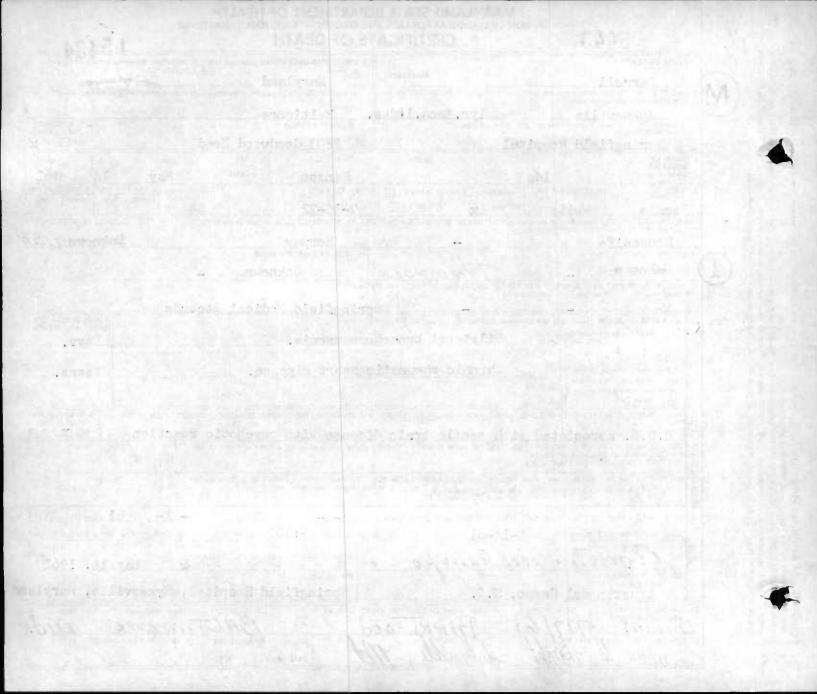
TO FUNE At DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filed with the State Baard at Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESEARCH AT	ND KEC	OKD2	— p	ALII
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.)	CERTIFICA	IL U			

	54	43		CERTIF	FICA	TE OF DEA	HTA	.,			654	134	
1	o. COUNTY	1		MAR	YLAND	2. USUAL RESIDEN G. STATE	Vland	eceased	lived. If institution b. COUNTY	n: Reside	nce befor	e admiss	ion)
	b. CITY OR TOWN (I RURAL ond give ne Sykesy	f outside corporate lim carest town)		c. LENGTH OF STAY		c. CITY OR TOV	VN (If outside	corpor	ote limits, write R	URAL ond	V	01	-4
	OR INSTITUTION	ield Hospital,	11000	address)		d. STREET ADD	RESS Goodwo	nd F	Road				IDENCE FARM?
	3. NAME OF DECEASED (Type or print)		rst	Middle		Lost Hanson	4. D	ATE OF DEATH	Mon Ma		Do:	,	Year 1961
	S. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	DEVER MARRI		B. DATE OF BIRTH			9. AGE (In years lost birthdoy) 88 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
-	Female 10a. USUAL OCCUPATIOn during most of work Housewif	ing life, even if retired	done 10b.			7-10-72 STRY 11. BIRTHPLACE Norw		eign co		12. CI	TIZEN OF	WHAT	OUNTRY?
1	3. FATHER'S NAME	000	-	Thomp	50 N	14. MOTHER'S MA		n	mag				
1	5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO		IFORMANT			Add	ress			
		TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), ond (c)	.]	pringfiel opneumoni		cal	Records		ONS	RVAL BE ET AND	TWEEN DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-								Years.				
	C.B.S. E	CAUSE OF DEATH	with	ontributing to de senile bra	ain d	lisease wi	th psy	chot	tic react		RT 1(o) 1	PERFC	AUTOPSY RMED?
- 1	_	MEDICAL EXAMINER) Y Month, Doy, Ye	20d. IN While of work	Not while of work	20e. PL	ACE OF INJURY (Hor ctory, street, office bl	me, form, 20	f. (City	or town)		(County)		(Stote)
	saw the deceos	et (I) (this hospita										stated	above.
1	220. SIGNATURE	retin c	lel	Campo	1	M.D. ATTENDING PHYS.	MED.	OR 🗌	STAFF PHYS.	Me	y 14		SIGNED
	22c. PHYSICIAN'S NAME (Jype) Agust	in del Camp	00, M.	, D.		22d ADDRESS Spring	field	Hos	pital, S	ykesv	rille	, Me	rylan
	130. BURIAL, CREMATION (Specify)		OF /	PARKL	METERY O	R CREMATORY	23d.	3A	ION (City, town,	OR	e	(Stot	nd.
	24. FUNERAL DIRECTOR	S DIGNATURE /	l r	ykovelle	4	YIM	Sa. REC'D BY ATE MAY 1	REGISTI	4	STRAR'S S		RE	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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ن	산보상	CEKIIF	CAIL	OF DEATH					-
PLACE OF DEATH O. COUNTY	Carroll	MARYL		USUAL RESIDENCE (Who o. STATE Maryl		d. If institution: b. COUNTY	Residence be		
b. CITY OR TOWN (IF RURAL and give new Sykesvil		c. LENGTH OF STAY I		c. CITY OR TOWN (IF of Baltim		imits, write RUR	AL and give n	earest lown	1 -
OR INSTITUTION	AL (If not in hospitol, give eld Hospital	street oddress)		d. STREET ADDRESS	Lomba	rd Stree	+		FARM?
3. NAME OF DECEASED (Type or print)	First Christ	Middle ian		tost Hoffman	4. DATE OF DEATH	Month May		-,	Year 1961
s. sex Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE		January 29,	lo	GE (In years IF	Months Doys	R IF UNDE	
100. USUAL OCCUPATIO during most of working Laborer	N (Give kind of work dane ing life, even if retired)	10b. KIND OF BUSINESS OF	1		or foreign country	1)	U.S		OUNTRY
13. FATHER'S NAME Frank Ho	ffman			4. MOTHER'S MAIDEN N Annie K					
	IN U. S. ARMED FORCES			rmant oringfield H	ospital	Records			
Canditions, if an gove rise to in couse (o), stoting the lying couse lost.	n mediote DUE TO (c)	Carcinoma of	ATH BUT NO	OT RELATED TO THE TERM!	nal disease co	ndition given	N	19. WAS PERFO	AUTOPSY DRMED?
THE EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF		Enter noture of injury in F			(Count	v)	(State
Hour o.m.	19	While Nat while at wark at wark	factor	y, street, office bldg., etc.			,		
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICAN'S NAME Type)	ed alive an May	tended the deceased 29, 19 61 and compo, N.D.	fram. Mathat dea	th occurred at 8:5	D. S	causes and	an the da	5/29	b. DATE
23a BURIAL, CREMATION PRIMOVAL (Specify) 24. FUNERAL DIRECTOR:	5-31-61	23c. NAME OF CEME PLU (ADDRESS) ADDRESS	Path	Edraf	23d. LOCATION By REGISTRAR 1 '61	25b. REGISTI	RAR'S SIGNAT		(e)

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		North American Street	all'acce
Se Al Bridge St.	ATTENDED TO THE REAL PROPERTY.	The state of the state of the state of	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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a. COUNTY	rroll		MARYLAND	- 11	usual residence (w a. STATE Mary		b. COUNTY		shingt	
RURAL and give r	(If autside carporate limi learest tawn) KESVIILE		ngth of stay in 18	b	E. CITY OR TOWN (IF A	outside corp	orote limits, write R	URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street oddres	5)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	ringfield S	tate Hos	pital		Route #1					NO D
NAME OF DECEASED (Type or print)	Fir He n		Middle Harry		Hoffman	4. DATE OF DEATH	May May	nth	Day 23,	Yeor 19 61
. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	3	arch 28, 1	886	9. AGE (In years lost birthday) 75 yrs.		YEAR IF UN Days Haus	
oa. USUAL OCCUPATI during most of war Farme	ON (Give kind of work rking life, even if retired T	done 10b. KIND	OF BUSINESS OR INC	DUSTRY		or foreign		12. CITIZ		COUNTRY?
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
John Ho	ffman				Sophia	Hebne		And a		
S. WAS DECEASEDEV Yes. no. or unknown) No	ER IN U. S. ARMED FOR (If yes, give war or dates of s		L SECURITY NO. 17	Spr	mant ingfield H	ospita	al Record			
Conditions, if a gave rise to couse (o), stoting lying cause last.	the <u>under-</u> DUE TO	Corons	ary arteri			INAL DISEA	SE CONDITION GI	VEN IN PART	Yes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CONTRIBUTION OF CONTRI										
20c. TIME OF INJU Haur a. m.	RY Month, Day, Ye	While 1	OCCURRED 20e. Not while	PLACE (DF INJURY (Hame, farm street, office bldg., etc	n, 20f. (Cit	y ar tawn)	(Co	ounty)	(State
p. m.										/ \ l
21. I certify the	at (I) (this haspita used alive an <u>Ma</u> y				nuary 15,19					
21. I certify the saw the deced 22a. SIGNATURE	at (I) (this haspita			t deat	ATTENDING M		the causes ar		date state	
21. I certify the	at (I) (this haspita	el Cm	n so	t deat	accurred at 8:	ED.	STAFF PHYS.	nd an the	date state	ed abave 22b. DATE SIGNED 23/6
21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSIGIAN'S NAME (Type)	at (I) (this haspital used alive an May attribute of Agustin de	223, el Cm el Campo,	n so	M.D.	ATTENDING DEPTHYS. DEPTHYS. DEPTHYS. DEPTHYS. DEPTHYS. DEPTHYS. Springfie	ED. IN LOCA	STAFF PHYS.	kesvil	le,Md	ed abave 22b. DATE 23/6 23/6

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	the profit facilities with		newador.	63.86.	
		A 180			STANK E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5446 filed with PLACE OF DEATH o. COUNTY Carro11 MARYLAND death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) should 5 Years Finksburg d. NAME OF HOSPITAL (If not in hospital, give street address) Deer Park Road, Finksburg 3. NAME OF Middle DECEASED Minnie (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX White Female DIVORCED | WIDOWED 1 papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) lousewife-Housework . Ret. Her own home 13. FATHER'S NAME Ephraim Boose 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY: A IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENIN PART 1(6) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED o. m. Not while of work of work 21. I certify that I attended the deceased fram and that death occurred at

CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAIF ennsy lvania b. COUNTY Adams c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Littlestown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crouse Park YES NO 4. DATE Month OF DEATH Hu11 May 29 19 61 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months 12/9/1878 yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Carroll Co. Md. Elizabeth Crouse 17. INFORMANT Address Daniel Boose, New Oxford, INTERVAL BETWEEN WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office-bldg., etc.) ...that I last saw the deceased AM, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED 22d. COCATION (City, Jown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole)

Silver Run, Carroll Co.

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR

DATELAY 3 1 '61

DIRECT pe pino FUN page VS A15 (4) 15M 9/55

ACTUAL

PHYSICIAN'S NAME (Type

Burial

220. BURIAL CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S, SIGNATURE

Mary's Cemetery

ADDRESS

Littlestown, Pa.

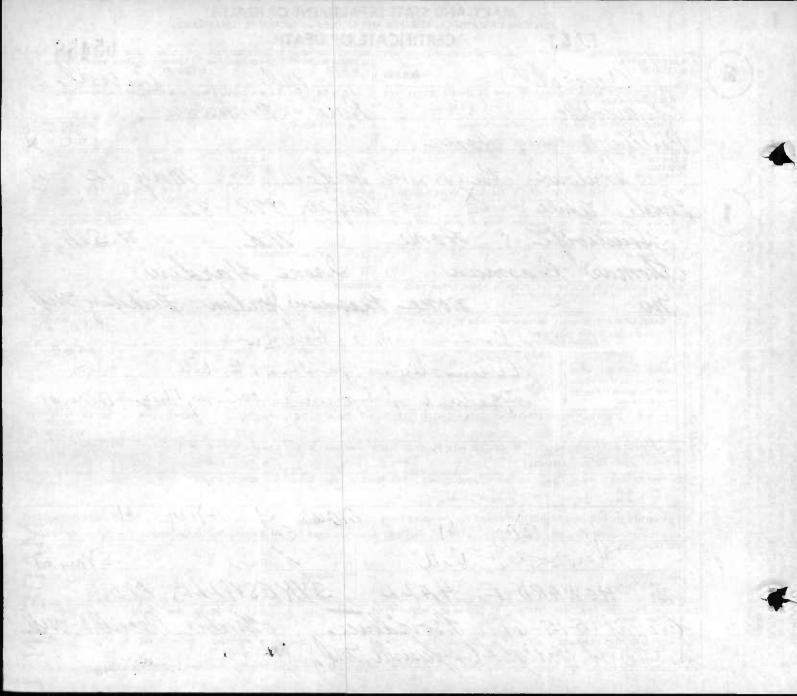
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MARYLAND STATE DEPARTMENT OF HEALTH

			STATISTICAL RESEARCH		MORE 1, MARYLAND			
		5447	CERTIFIC	ATE OF DEATH		15120		
1.	PLACE OF DEATH a. COUNTY	annoll-	MARYLAN	O STATE	nere deceased lived. If institut b. COUNT	tion: Residence before admission)		
	b. CITY OR TOWN (I	f outside corparate limits, write carest town	c. LENGTH OF STAY IN 1	c. SITY OR TOWN (IF a	outside carporate limits, write	RURAL and give nearest town)		
	d. NAME OF HOSPIT	AL (If not in haspital, give street) Autolicy	Home	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	melouve i	Benaman	I lost au	4. DATE MO OF DEATH	anth Day 'ear 2 :96/		
S.	Rimale.	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED WED DIVORCED	Dug. 26, 18	9. AGE (In years last birthday)			
L	during most of work	ON (Give kind of work dane 10kking life, even if fetired)	KIND OF BUSINESS OR IN	DUSTRY IN. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY		
13.	OTHORNAME	w Beaon	nan	14. MOTHER'S MAIDEN N	Harde	w		
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17	Beasman &	Tordan . To	Tinksburg, mel.		
		ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).	lure, Hyper	Tenin	INTERVAL BETWEEN ONSET AND DEATH		
	Canditions, if a	ny, which) (b) a	Terus lew	ses generalizes	(, Derheles,	1960		
1	gave rise to i cause (a), stating lying cause last.	DILETO	Eactured of	Lip - penul	, ostermy hi	Is coute 12 mes 61		
CATION	PART II. OTE	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	inal disease condition G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of item 18.)			
MEDICA	20c. TIME OF INJUR Hour a. m. p. m.	Whil		PLACE OF INJURY (Home, farm factory, street, affice bldg., etc	n, 20f. (City or town)	(County) (State		
	21. I certify that (I) (this haspital) attended the deceased fram. March. 1961, to 12/14, that (I) (we) lass saw the deceased alive an 12/14, and that death accurred a 5.45 M, from the causes and an the date stated above							
	220 SIGNATURE	Hewas ?	Hall	ATTENDING M	ED. STAFF PHYS.	12 May 6/		
	22c. PHYSICIAN'S NAME (Type)	HOWARD I	E, HALL	22d. ADDRESS	ESYILLE	Mp,		
23	a. BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF CEMETER	OR, CREMITORY	23d. LOCATION (City, town,	(State)		
24	FUNERAL DIRECTOR	S SIGNATURE Hulges	L'Appleant	le, Inf DATE	Y 1 6 '61	SISTRAR'S SIGNATURE		



M

MARYLAND STATE DEPARTMENT OF HEALTH

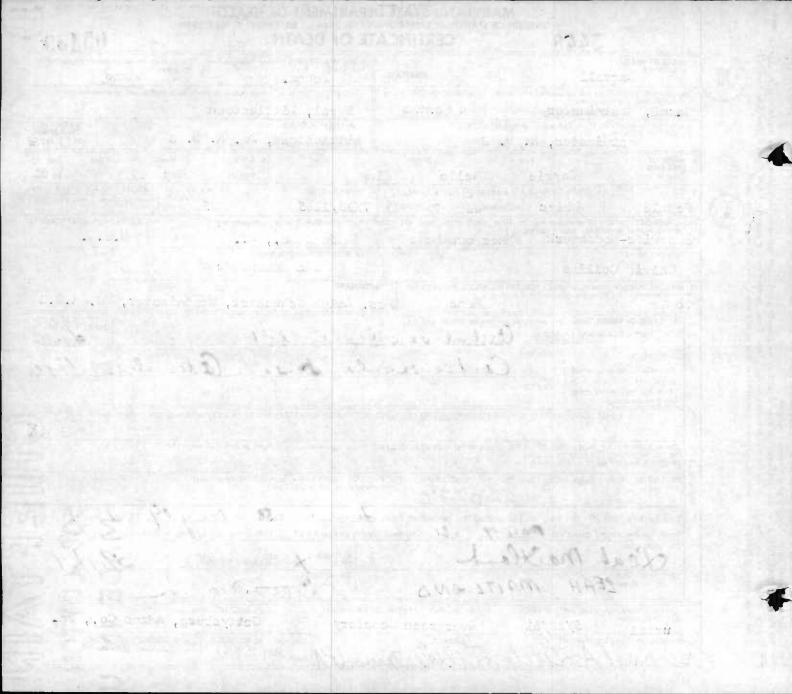
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5149

65430

0.230				00-50.7			
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Penna	here deceased lived. If institution b. COUNTY	n: Residence before admission) Adams			
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Rural, Westminster	c. LENGTH OF STAY IN 16 4 Months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Little stown					
d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Westminster, R. I		d. STREET ADDRESS Littlestown	, Pa. R. D. 2	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First DECEASED (Type or print) Carrie	Middle Belle Ki	Lost .ng	4. DATE Month OF DEATH May	h Day Year 19 19 61			
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 7/15/1885	9. AGE (In years lost birthdoy) 75 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Housework	10b. KIND OF BUSINESS OR INDU Her own home	STRY 11. BIRTHPLACE (Stote Adams Co.		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME Calvin Collins		14. MOTHER'S MAIDEN N	NAME kenrode				
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no, or unknown) (If yes, give wor or dates of service		NFORMANT s. Ralph Schu	Addre chart, Westmins	ster, Md. R.D.2			
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITI	Cardes-vance		in Continu				
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							
Hour o.m.		ACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (State			
21. I certify that (I) (this hospital) a saw the deceased olive on May							
22c. PHYSICIAN'S STAFF 22c. PHYSICIAN'S STAFF 22c. PHYSICIAN'S STAFF 22d. ADDRESS.							
	TITL AND	226. ADDRESS.	Levom. Pa				
230. BURIAL, CREMATION, REMOVAL (Specify) Birial 5/22/61	23c. NAME OF CEMETERY C Evergreen Cer	netery	Gettysburg, A	dams Co., Pa.			
24 FONERAL DIRECTOR'S SIGNATURE	JADDRESS DA TO	250. REC	AY 2 2 '61 25b. REGIS	tran's SIGNATURE			

VR A15 (4) 15M 9/59



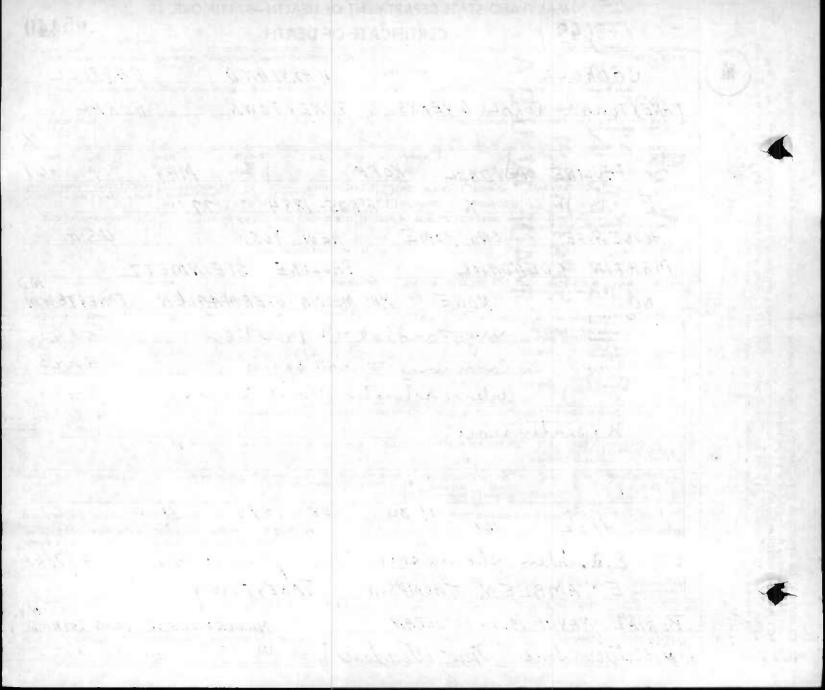
VS A15 (4) 15M 9/58

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	18

5449 CERTIFICATE OF DEATH

V544()

1. PLACE OF DEATH	PRRALL	MARYLA	a STATE a	(Where deceased lived. If i	institution: Residence before	ore admission)
b. CITY OR TOWN	(If outside corporate limits, write	e c. LENGTH OF STAY IN	1b c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give ne	earest town)
RURAL and give	nearest town) NWN RURA	L G VEARS	TANEV	TOWN	DUDE	2/_
	PtTAL (If not in hospital, give str		d. STREET ADDRES		1101111	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	PAULINE ODEN	DAHL K	OPP Lost	4. DATE OF DEATH	Month Do	y Year 7 196/
5. SEX	14/	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH APR 25 - 182	9. AGE (In lost birth	hdoy) Months Days	Hours Min.
during most of we	TION (Give kind of work done) orking life, even if retired)	ONN HOME	NDUSTRY 11. BIRTHPLACE (S	State or foreign country) VORIK DEN NAME	12. CITIZEN O	F WHAT COUNTRY?
MART	IN ODEND	AHL	PAULIN	E STEIN	METT	
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		Address	MI
NO	(IT yes, give wor or doller or service)	NONE	MRS MELVIN	UTERMAHL	EN TANI	EYTOWN
Conditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO	vionary rterio sele	Thrombe	osis Diseas	e i	5hrs 3yrs
PART II. O	other significant condition	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ferminal disease condition	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT V	WAS UNDERLYING 206. [NG CAUSE OF DEATH FY MEDICAL EXAMINER)		URRED. (Enter nature of injur	ry in Port I or Part II of item	18.)	
ZOc. TIME OF INJU	. W		 PLACE OF INJURY (Home, foctory, street, office bldg. 		(County)	(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the dece 4/22 19 . Aubleu (1 1		5/9, 1 TOAM, from the cause ADDRESS (Street, city or YOWM, 1		
22a. BURIAL, CREMAT REMOVAL (Specif DURIAL		22c. NAME OF CEMETE / LUTHERAN	RY OR CREMATORY	22d. LOCATION (City, MIDDLE VILL		(Stote) N.)
23. FUNERAL DIRECTO	PR'S SIGNATURE	new Win	edam) DATE	MAY 1 6 '61	Ciriling S. K.	JRE LAUS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) al director. Page for your files. Board of Health, e. COUNTY Carroll Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) Sykesville mos. 24days Baltimore 2 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Springfield State Hospital 1634 N. Calvert St. 3. NAME OF 4. DATE Middle DECEASED 2, and 3 to the OF the Felix Joseph Kulski (Type or print) DEATH May 5 may be r 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR last birthdey) June 9, 1886 Male White WIDOWED A DIVORCED and and 727 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) PM3. Page. done during most of working life, even if retired in pencil in Item 18. Give Pages 1, Machine shop Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, gr unkown) | (If yes give wer or detes of service) Springfield Hospital Records Office along with burial-transit permi 046-016-740 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART | DEATH WAS CAUSED BY: and Bilateral bronchopneumonia IMMEDIATE CAUSE (e) DUE TO removal, "pending" geve rise to immediate cause Examiner's DUE TO (e), stating the underlying as cause lest. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY C.B.S. assoc. with cerebral arteriosclerosis without qualifying phrase. ecute the certificate, writing the word Old cerebral contusions.

EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.) Medical plnods 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3: 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED + 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) fectory, street, office bldg., etc.) 4:30 Hospital Sykesville et work el work should be forwarded to the FUNERAL DIRECTOR: P. prior 21. I certify that I took charge of the remains described above, held an Autopsy 7, Inspection 7. Inquiry 17. Suicide Undetermined manner death resulted from: Natural causes X Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James T. Marsh, M.D. should NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF MOCATION (City, taken, or country) 40 240. REC'D BY REGISTRAR I 2/6. REGISTRAR'S SIGNATURE **AISME** anthung S. Thomas

Balto City

15.

(County)

Carroll

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

days.

PERFORMED?

NO

(Slete)

and in my opinion

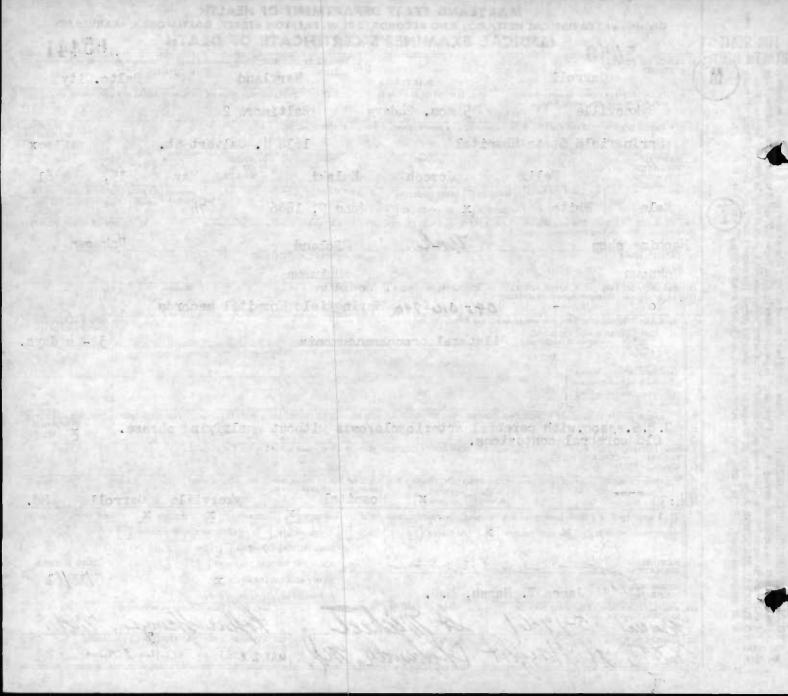
DATE SIGNED

Md.

12. CITIZEN OF WHAT COUNTRY?

Unknown

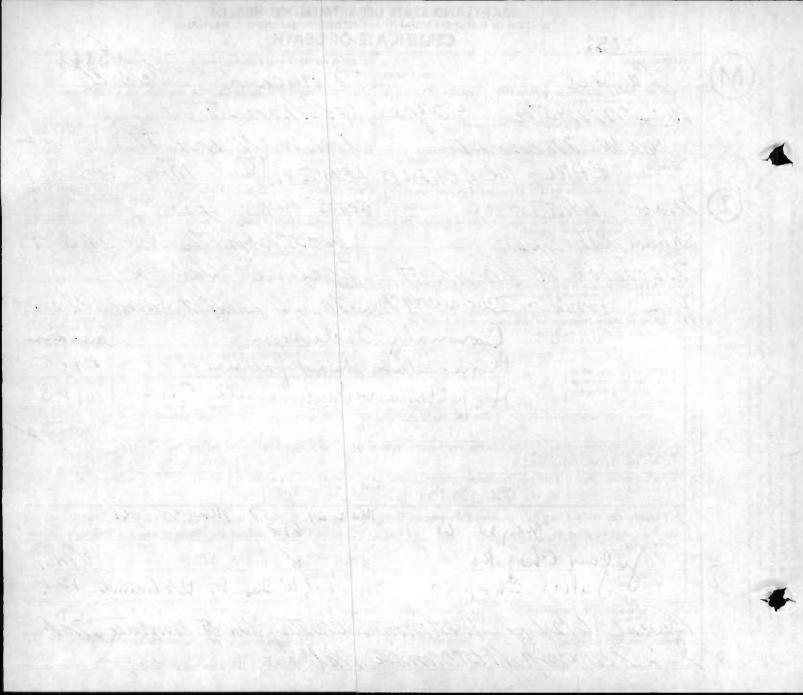
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	5451 CERTIFICA	TE OF DEATH	
1.	PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence b. COUNTY b. COUNTY LAND	berate all musion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporale limits, write RURAL and gi	ve nearest-town)
-	d. NAME OF HOSPITAL (Il not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION . man St.	161 W. mani II.	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) EARL First MC DONALD	LAMBERT 4. DATE OF MONTH WAY	30 1961
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	4 = 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Days Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
13	EATHER'S NAME PARIOTIME	14. MOTHER'S MAIDEN NAME	11. S-a
	monsoe U. Lambert	melora Gebsox	
	es, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address	11
-	1/62 World War & 213-05-1589 /	no Mary a Lambert Same	INTERVAL BETWEEN
10	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	Occlusion	ONSET AND DEATH
	420, DUE TO	1 1 1 2	2 4 1 5
	Conditions, if ony, which gove rise to immediate (b)	& heart failure	2713
	couse (a), stating the under. DUE TO lying cause lost. (c)	ive Cardivasanlan Oivare	10115
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTEIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while at work at work at work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) (City or town) (Co	ounty) (State)
	21. I certify that (I) (this haspital) attended the deceased from		, that (I) (we) last
	saw the deceased alive an 1961, and that	death accurred 430 M, from the causes and an the	date stated above.
	Julin Chapks	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	3/3/161
	22c. PHYSITAN'S NAME (1) pe) Julius Chepto	852 W. Dea J. Walnum	to med.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
24	MINIAL G/2/6/MOTHERS	250. REGUD BY REGISTRAR 250, REGISTRAR'S SIG	NATURE .
	X. E- Misers & Westminte	- Ma DAMIN 5 '61 United & the	
17			



1	A		MEDICAL EXAMINE	IMENI OF		E DEATH	10	
4 8 6	0		5452 MEDICAL EXAMINE	EK 5 CEKII	FICATE O	r DEATH	Reg. Dist. No	5443
should b		1, 1	PLACE OF DEATH		ESIDENCE (Where dec			fore admission)
A sh	1	L.	Carroll MARYE	AND O. STATE	Marylar	b. COUNT	Carrol	1
age age	M)	b	. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	N 1b c. CITY O	R TOWN (If outside	corporate limits, write	RURAL and give n	earest town)
cess o be			Mt. Airy 29 yrs		. Airy,		X	
s ne ector		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address					o, IS RESIDENCE ON A FARM?
dir.	X	2	N. Main Street		Main S			YES NO
unerg van yau		(PECEASED Type or print) Dr. LAURENCE L. LE	EGGETT	OF DEAT	н Мау	9,	1961
the f		5. \$	M 7 120		TH .	9. AGE (In years last birthday)	Months Days	Hours Min.
oine iith		-	Male White WIDOWED DIVORCED	- 1000	4, 1902	58 yrs.		
de d		10a	. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Dentist		All The land have			F WHAT COUNTRY?
offe 2, o y be onc	_	_	FATHER'S NAME		ison, Oh	110	10.0	. A.
S L S	(T)		Hugh L. Leggett		aret An	n Evnor		
oge 5	9	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	arec A	Address		
E S O E		1,00	no, or unknown) (If yes, give war or dates of service)	Mrs. J.	Mildred	Legget	t. Same	as # 2
withi Giv M3.			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]		-0	1 .	INTER	TYAL BETWEEN
ra 18			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ary T.	terane	haves	5	bipit
ten h fo		5	4201 DUE TO	_ / '				Tene
be of it in			Conditions, if any, which gove rise to immediate cause					
ould long ourio			(o), stoting the underlying DUETO					
s s s s s s s s s s s s s s s s s s s		7	couse lost. (c)	BUT NOT PELATED TO	O THE TERMINAL DISE	ASE CONDITION GIV	VEN IN PART I(a)	O WAS ALITOPSY
o Office to the control of the contr	0	CATIO	TAKI II. OTTEK SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT	BOT NOT KEDNED IN	O THE TERMINAL DISE	ASE CONDITION OF		PERFORMED?
endi er's er's er's		IFIC	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of i	injury in Port I or Port	t II of item 1B.)		NO IS
o sin p		CERTIFI	PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
Exa Fxa houl		3		e. PLACE OF INJURY		City or town)	(County)	(State)
the Higgs		MEDICAL	Hour a. m. p. m. 19 While Not while at work of work	factory, street, offic	te blog., etc.)			
Meding		1	21. I certify that I took charge of the remains described	above, held a	n Autopsy .	Inspection 🔀	, Inquiry 🗌	, and find that
Write Pier OR:	339		death resulted from: Notural causes 🖾, Accident 🔲,	Suicide	Homicide [],	Undetermined	cause [].	
ete, ote,	2		108/	120 110				DATE SIGNED
MED rtific to th			SIGNATURE FOR SIGNATURE FOR SIGNATURE	M.U.	MEDICAL EXAMINER		-	10/11
P C C C C C C C C C C C C C C C C C C C			EXAMINER'S Glenn Speigher, Man 27	Mus "	ANT MEDICAL EXAMINE Y MEDICAL EXAMINE	_	0/	7/6/
Tre the rem		220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETE			CATION (City, Iown,	or county)	(State)
0 20 0		_	urial 5-13-1961 Pine Grov	fh.		Atrv.		
	0	-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	a) - elle le	240. REC'D BY REG	ISTRAR 24b. REGI	Marylan ISTRAR'S ŠIGNATUI	
VS. A15ME(5) 5M 9/55	By.		C. M. Waltz, Winfield, Mary	rland	DATE MAY 11	'61 C	wither S. Kra	us

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, and 2 shauld be filed with retained by the haspital ar attending physician.

1. DIRECTOR: After this certificate has been signed by the attending physician and campletely fille stand be detached far use as the burial-transit permit. Then please remave carban papers. Pages tran prior to burial, crematian, ar remaval, and in any event within 72 haurs after deopt.

TO FUN ALDIREC
POGE Stauld be
the registrar prior

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5453 CERTIFICATE OF DEATH

Reg. Dist. No. U5444

1. PLACE OF DEATH o. COUNTY Carro	11		MARYI	LAND	2. USUAL RESID	oence (whe	ere deceased	lived. If instituti b. COUNTY	-	ce befor		on)
b. CITY OR TOWN (IF RURAL and give ne Rural, Nr.			c. LENGTH OF STAY	IN 15	c. CITY OR 1	TOWN (If or	utside corpore	ote limits, write f tminster		give nea	rest lown)	
d. NAME OF HOSPITM OR INSTITUTION Meadow View	Convales	ter;	ddress) R. D. Iome	1	d. STREET A		r, Md.	R. D. 2	2		e. IS RESII ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fir Li1a	st	Mary Middle]	Leister		4. DATE OF DEATH	Mor May		Do: 28	_	ear 9 61
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIE		8. DATE OF BIRTI		1889	P. AGE (In years lost birthday) 7 L yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.
Housewife, Ho	ing life, even if retired)	kind of Business of ler own hom		Carr	011 C	o., Md.			S.A.		COUNTRY
J. Randol	Inh Reese				14. MOTHER'S		ame uhrman					
No	If yes, give war or dates of s	ervice)	No ne e far (a), (b), and (c).	C1	ayton M.	Leis	ter, W	estrinst			R. D.	
	the <u>under-</u> DUE TO	, H.	ONTRIBUTING TO DEA	ATH BUT	Cardio	VZSE	VAL DISEASE	CONDITION GIV	VEN IN PAR	T 1(a) 1	9. WAS A PERFOR	UTOPSY
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURREC	D. (Enter nature o	f injury in P	ort I or Port	II of item 18.)				NO 🟋
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Yes	While	JURY OCCURRED Not while of work	20e. PLA foo	ACE OF INJURY (I story, street, office	Home, farm, bldg., etc.)	20f. (City o	or town)	(0	County)		(Stote)
21. I certify the alive on	at I attended the	decease , 19 G		death	occurred at			the causes of the cause of	and an t			
220. BURIAL, CREMATION REMOVAL (Specify) Burial	5/30/61	OF .	St. Mary:					on (City. town, r Run,		11 C	(Stote	
23 FUNTERAL DIRECTOR'S	S SIGNATURE	Ho	ADDRESS Littles	town	, Pa.		BY REGISTR		STRAR'S SIC			

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5454

MADVIAND STATE DEDADTMENT OF HEALTH

		ND RECORDS — BALTIMORE 1, MARYLAND	
Tt		TE OF DEATH	0544
	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Maryland b. COUNTY	Residence before admission Balto. City
ote limits write	C LENGTH OF STAY IN 16	CITY OF TOWN (If outside corporate limits, write RURA	Al and give negrest town)

	LACE OF DEATH						2. USUAL RESIDENC	E (Where	e deceased			nce befor	e admiss	ion)
	Car	roll			MARY	LAND	o. STATE Ma:	ryla	nd	b. COUNT	B	alto	.Cit	У
Ł	CITY OR TOWN (If of RURAL and give near Sykesvill	est tawn)	ts, write	c. LENGTH			c. CITY OR TOWN	timo		ote limits, write	RURAL ond	give nea	rest town	-+
	or institution Springfie				15		d. STREET ADDRE		Colli	ington A	ve.			FARM?
	NAME OF DECEASED Type or print NU	Zlata Na			Middle		Marrichi Lost	4	OF DEATH	Ma	onth	16	,	Year 19 61
5. S	Female	White	7. MARI	RIED NEV	ER MARRII	1000	March 25,	188	54	9. AGE (In year last birthday 76 yr	Months	Doys	Hours	ER 24 HRS Min.
10a	during most of working Housewife			KIND OF BL	JSINESS O	R INDUS	TRY 11. BIRTHPLACE		foreign co	ountry)	12. CIT	Ita		COUNTRY
13.	FATHER'S NAME Unknown	?	MI	Cel	li		14. MOTHER'S MAII		ME	5			H.	
	WAS DECEASED EVER I	N U. S. ARMED FOR yes, give war or dates of s		SOCIAL SEC	URITY NO		FORMANT pringfield	Hos	pita]		ddress			
	PART I. DEATH PART I. DEATH Canditions, if any gove rise to imm couse (a), stating the lying cause lost.	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO , which (b) nediate) A				e heart dis	sease	е,			ONS	RVAL BE ET AND STS.	DEATH
CERTIFICATION	Schizophr	enic reac	EIIONS,	parai	IOLO DE	type	NOT RELATED TO THE	TERMINA	AL DISEASI	CONDITION	GIVEN IN PAI	RT 1(o) 1	9. WAS PERFO YES	AUTOPSY ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY O	CCURRED). (Enter noture of inju	ry in Pa	rt I or Port	II of item 18.)				1
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. I While at wor		hile		CE OF INJURY (Home tory, street, office bldg		20f. (City	or tawn)		(County)		(Stote
	21. I certify that saw the deceased 220. SIGNATURE					that d	eath accurred at	10:1	5PMm	the causes			stated	
	Zc. PHYSICIAN'S NAME (Type)	Agustin d	elCan	mpo, W	D.	MON	A.D. ATTENDING, DATES Springf		CTOR D	staff phys. 15	kesvi:	lle,	Md.	

23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, ar county)	(Stote)
REMOVAL (Specify) 5-19-61	HOLY Redes	mon Bolair	Rd. Bo Ho.	6 Mg
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	-
Differ 1000 Day 800	E. Lombard St.	DATE MAY 1 8 '61	arthur S. Kraus	

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be fined by the haspital or attending physician.

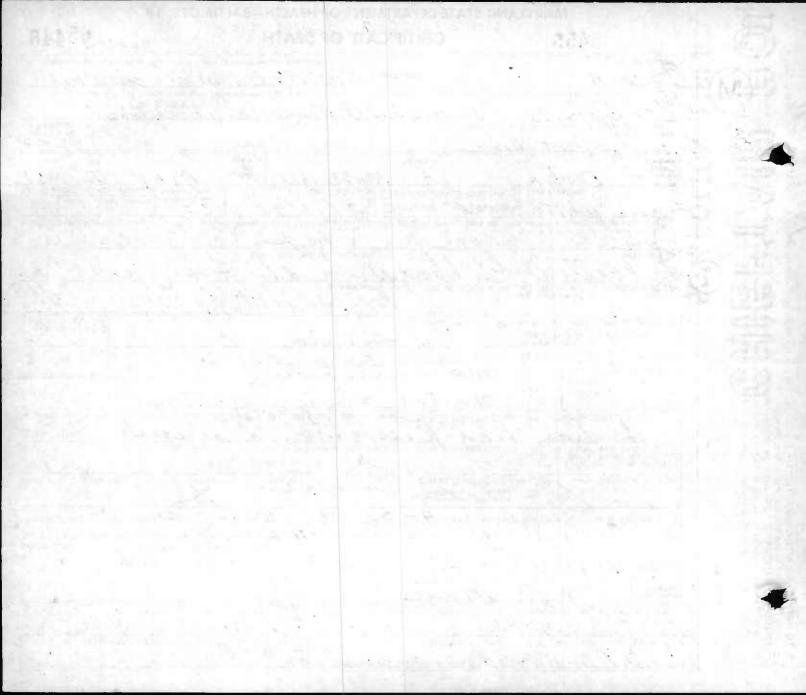
D FUNER, DIRECTOR: After this certificate has been signed by the attending physician and campletely filled they here funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO FUNER

TO HOSPIT VR A15 (4) 15M 9/59

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CERTIFICATE OF DEATH 5455 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission 9 COUNTY Maryaland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore 27, 108191941 d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1063 Elm Road YES NO NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 196. IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED [WIDOWED D 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Bu 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Canditions, if ony, which gned gave rise to immediate **DUE TO** couse (o), stoting the underste hos been sig buriol-tronsit p lying couse last. PART LA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg., etc.) Month. "Day, Year 20d. INJURY OCCURRED (County) (Stote) o. m ot wark 196), to 5-7- 196 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at // AM, from the causes and an the date stated above. ined by the DIRECTOR: ADDRESS (Street city or town, stote) DATE SIGNED ACTUAL SIGNATURE TO PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or caunty) 22c. NAME OF CEMETERY OR CREMATOR (Stote) agod REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) Ca they & Kraces DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	3/	and the	32.	11

	5456	CERTIFICA	TE OF DEATH		05447
)	1. PLACE OF DEATH O. COUNTY AND LL	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street	all his lyle	c. CITY OR TOWN (If autsided)	de carporote limits, write RUR	AL and give nearest town)
	OR INSTITUTION 35 UMO	i IT.	35 Um	nonst	ON A FARM? YES NO P
	3. NAME OF DECEASED (Type or print) JOHN First	Middle	MCCLAIN	DATE Month OF DEATH	U 15 196/
	S. SEX 6. COLOR OR RACE 7. MARR	ED DIVORCED	Jame 30, 187	77 83 7 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDIVIS	Westman	untumd.	12. CITIZEN OF WHAT COUNTRYS
	angustus m	a Clam	36mm	in Sas	Mon
	IS. WAS DECE/SED EVER IN U. S. ARMED FORCES? (Yes, no, or unmown) (If yes, give wor or dates of service) 2	SOCIAL SECURITY NO. 17. IN	m. John T.	Mc Clane	Same addre
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ne far (a), (b), and (c).]	- clumin		INTERVAL BETWEEN ONSET AND DEATH
	420, DUE TO				
3	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)				
	PART II. OTHER HONIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. II Haur o. m. While p. m. 19 ot war	Nat while foo	ACE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	(Of. (City ar tawn)	(Caunty) (State)
	21. I certify that (I) (this haspital) attends saw the deceased alive an		eath accurred at 7 A.M.	1	., 1961_, that (I) (we) last an the date stated abave
	220 SIGNATURE Chap	ker	ATTENDING DIRECT	STAFF	5/22b. DATE SIGNED
	22c. PHYSKIAN'S NAME (1/pe) Julius C	hepko	85/2 W.G	steenSt L	Lastmin's tel
	230. BURIAL, CREMATION, 236. DATE THEREOF 5 18/6/	Saulay	Stemol Hope	J. LOCATION (City, tawn, are	ma ma RD
	24. PUNERAL DIRECTOR'S SIGNAPURE	Not munst	ec Majore MA	V 0 0 104	MAR'S SIGNATURE

3618 44100 The late marketin. The state of the s

FOR STATE HEALTH DEP TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a callay is necessary, please secure the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the careful director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05448

1. PLACE OF DEATH e. COUNTY CARROLL MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Swite RURAL and give nearest town) Aurent of Hospital or Institution (if not in hospital, give street address) Maple Grove Road 3. NAME OF DECEASED (Type or print) EMORY 6. COLOR OR RAVE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 2. USUAL RESIDENCE (Where deceased lived, Il institution; Reside of STATE of ST	PROLL ve nearest town)
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) B. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Woutside corporete limits, write RURAL and give street address) RURAL - Lamps Tead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maple Gleve Road 3. NAME OF DECEASED (Type or print) EMORY 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED TO 8, DATE OF BIRTH 19. AGE (In years I) UNDERT YEAR 19. AGE (IN YEAR)	IS RESIDENCE ON A FARM?
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) RURAL end give nearest town) RURAL - Jambs Tead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maple Glove Road 3. NAME OF DECEASED (Type or print) EMORY 6. COLOR OR RATE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years UNDER 1 YEAR UNDER 1 YEAR Last 9. AGE (In years UNDER 1 YEAR UNDER 1 YEAR 19. AGE (In years UNDER 1 YEAR UNDER 1 YEAR Last 9. AGE (In years UNDER 1 YEAR UNDER 1 YEAR Last 9. AGE (In years UNDER 1 YEAR UNDER 1 YEAR Last 9. AGE (In years UNDER 1 YEAR UNDER 1 YEAR Last 9. AGE (In years UNDER 1 YEAR Last 9. AGE (IN YE	IS RESIDENCE ON A FARM?
Rural - Jambstand 990. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maple Grove Road 3. NAME OF DECEASED (Type or print) EMORY 5. SEX 6. COLOR OR RADE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 99. AGE (In years UNDER 1 YEAR) 19. AGE (In years UNDER 1 YEAR)	IS RESIDENCE ON A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mapie Glove Road Maple GRove Road Maple GRove Road Negret address Maple Grove Road Middle Last OF OF OF (Type or print) EMORY S. SEX 6. COLOR OR RAZE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years UNDER 1 YEAR UNDER 1 YEAR UNDER 1 YEAR MIDDLE GROVE ROAD OF OF OF OF OF OF OF OF OF O	IS RESIDENCE ON A FARM?
Maple GRove Road Maple GRove Road Middle Maple GRove Road Middle Middle Maple GRove Road Middle Middle	ON A FARM?
DECEASED (Type or print) EMORY M= Cullauder May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years UNDER 1 YEAR	
(Type or print) EMORY — CULLAUGHTH May 1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years UNDER 1 YEAR	y Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years UNDER 1 YEA	9 1961
	R IF UNDER 24 HRS.
M WIDOWED W DIVORCED May 17, 1880 Bast birthday) Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
Farmer Mary Land U	. S.a.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Vincent Mc Cullough Hattie Stricklin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (Yes, no, or unkown) (Ifyesgivewarordates of service)	1 1 205
Maurice Mc (ullough - Hamps	Jack K.D. M.
	INTERVAL BETWEEN
1 PAKI I. DEAIN WAS CAUSED BY: (1) DO ALD (1) A	ONSET AND DEATH
IMMEDIATE CAUSE (a) CONDERY CECUSIONE	mu !
4 20, DUE TO	
Conditions, il eny, which (b)	
(e), stelling the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. While Not While et work at work at work at work	(State)
Hour e.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work at work	
	nd in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	is in my opinion
CHIEF MEDICAL EXAMINER	
1 7/2	
SIGNATURE M.D. ASSISTANT MEDICAL CAMBRIAN	DATE SIGNED
EXAMINER'S DEPUTY MEDICAL EXAMINER	3/19/61
NAME (Type) AMES / // HRSH Address (Street, city, town, or county)	/ // \
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country)	Missile !
Bureal May 22, 1961 Dreenmount Creenmount	Margane
23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNY	TURE
SI I I I MAI AND THE MAIL AND T	
Gallouis C. Viger on Sample les "" DATE	

MULTINE TEXASTERS Miceyland Was Keeter Donalden Vencent Ma Culler Har Miller were McKretterge War John James En But will my tay to I want a more Charles & Security the water water with the water that Well urs after death. Page 4 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be remained by the haspital ar attending physician.

TO FUN. IL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 22 haurs after death.

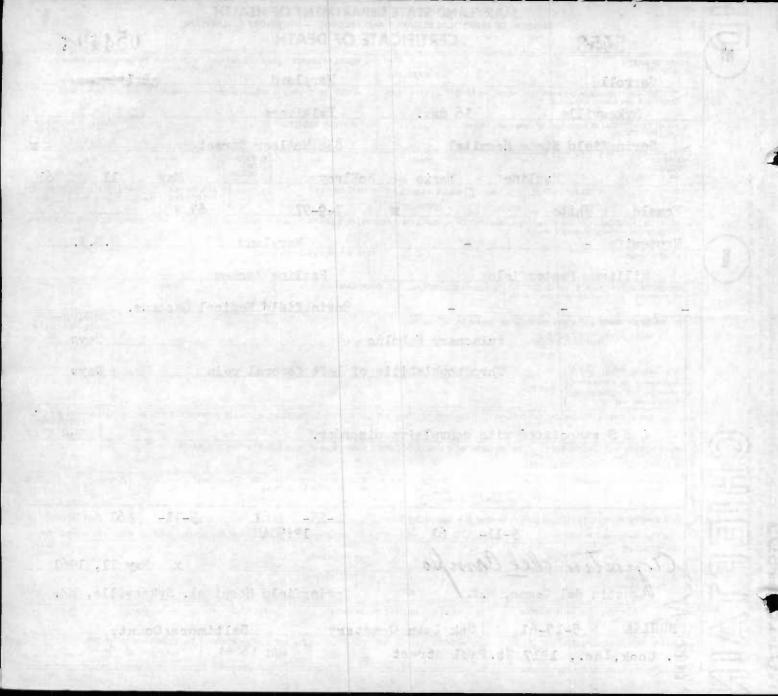
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	458		CERTIF	ICA'	TE OF DE	ATH		054	49	
1. PLACE OF DEATH a. COUNTY Carro	11		MARY	LAND	a. STATE	ENCE (Where dece	b. COUNTY	on: Residence be	fore admiss	sion)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 16			orporote limits, write R	URAL and give n	earest town	n)
RURAL and give	nearest tawn)		16 das.		P-7	timore		21111	-4	
d. NAME OF HOSP	ITAL (If nat in hospital,	give street	address)		d. STREET AD			2 4 0 1		SIDENCE
OR INSTITUTION		TT			001	W-47 /	N.L			FARM?
3. NAME OF	gfield Stat	ret HOS	Middle Middle		Last	McAleer S				- 7
DECEASED (Type or print)	Paul		Marie		McElroy	OF DEA	May May	7 11		Year 1961
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	Manths Days	-	_
Female	White	WIDOW	ED DIVORCE	D	7-8-	97	63 yrs.	Manths Days	Haurs	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLA	CE (State ar foreig		12. CITIZEN	OF WHAT	COUNTRY
Housewif	orking life, even if retired	3)				Marylan	4	U.	C A	
13. FATHER'S NAME					14. MOTHER'S			U.	U. Ha	
Wan n	dam Dankan		,		7					
Will	iam Paster		SOCIAL SECURITY NO	17 IN	FORMANT	uline Zac	CD OW Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of		SOCIAL SECONITI INC	. 17. 110		13 K. W				
-	-		_		Sprin	gfield Me	edical Reco			
	ATH [Enter only one o	ouse per li	ne for (o), (b), ond (c).	-]				II.	ITERVAL BI	DEATH
PART I, DI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pu	lmonary Em	bolu	S				Days	
466	DUE TO	0								
Conditions, if	any, which	b) Th	rombophleb	itis	of left	femoral	vein		Days	
gove rise to	immediate (
lying couse last		(c)								
PART II. O	THER SIGNIFICANT COI	NDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPS
= 1									PERFC YES	ORMED?
	S associate		CRIBE HOW INJURY O			Inium in Best Les	Part II of item 18)		163) NO L
OR CONTRIBUTION	G CAUSE OF DEATH		CKIBE HOW INJURY C	CCURREL	o. (Enter nature of	injury in Part 1 of	ron non nem te.,			
	Y MEDICAL EXAMINER)									
20c. TIME OF INJU	/.	or 20d. I While	NJURY OCCURRED		CE OF INJURY (H tory, street, office	lame, farm, 20f.	(City or town)	(Count	γ)	(Stote
p. m	10	at war	k at work	1 90						
21 Leastify th	ot (I) (this haspita	l) attend	ded the deceased	from	1,-25	1067	5_77_	10 67	that /I\	(wa) la
							om the couses an			
220. SIGNATURE	osed alive on	2-1-	L= 17Q_L and	that a	eath accurred	TOT I DOWN THE	om the couses an	d on the do		b. DATE
13-	7-0/1	001	Far las		ATTENDING		STAFF			SIGNE
220 PHYSTIANIC		er c	my	,	M.D. PHYS.	DIRECTOR	PHYS.	Mary	, 196	
22c. PHYSICIAN'S NAME (Type)	44 A O		10/							
VAgus	tin del Can	ipo, l	1.11./		Sprin	griera H	ospital, Sy	rkesvill	e, Mo	10
23a. BURIAL, CREMAT	ION, 23b. DATE THERE	OF	23c. NAME OF CEM	ETERY OF	R CREMATORY	23d. LC	OCATION (City, town,	or caunty)	(Sta	ite)
BURIAL Specif	" 5-15-6	1	Oak Lawn	Cem	eterv	E	Baltimore	County		
24. FUNERAL DIRECTO			ADDRESS			DE- DECID BY DE	CICTRAD DCI DECL	STRAR'S SIGNAT		
Wm. Cook	Inc., 121'	7 St.	Paul Stre	et		DATE MAY 1 5	101 Cu	ilium S. Th	NAAAA	

VR A1S (4) 1SM 9/S9



D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be fined by the haspital or attending physician. D FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL TO FUNER

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPA	RTMEN	OF	HEALT	H
SION OF STATISTICAL	RESEARCH	AND RE	CORDS —	BALTIM	ORE 1, M	AR

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MARYLAND	SIAIL	DEPARI	WFN	OF F	HEALI	Н
VISION OF STATISTICAL	RESEARCH	AND RECO	RDS —	BALTIMO	DRE 1, A	AARYLAND
CE	DTIFIC	ATE OF	DEA	TILL		

PLACE OF SAIN COUNTY COU	54	59	74 7	CERTIF	ICATI	OF DE	ATH				05	450
b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) Syrkesville ANAME OF INDITION Springfield State Hospital Nadde of Steen Andrew Springfield State Hospital Note in the steen Andrew Note in the steen An	a. COUNTY		i cem il		1/2	a. STATE					-114	
RURAL ond give incores town: Syke will E. Month Syke will E. Month Syke wille Month Sy			s, write c. I	LENGTH OF STAY	IN 1b		-		rate limits, write l			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. SPECT ADDRESS 4. DATE 5. DATE 6. CALLES 7. CALLE									raic minis, wine	31	10	1-4
Springfield State Hospital 3126 Greenmount Avenue 50 No. FARMY Springfield State Hospital 3126 Greenmount Avenue 50 No. FARMY Springfield State Hospital 3126 Greenmount Avenue 50 No. FARMY Springfield Made 50 No. 51 No. 52 No.	d. NAME OF HOSPI	TAL (If not in hospital, a			Days			ore			0	IS RESIDENCE
Sample of Decade Sample of D	OR INSTITUTION								A			ON A FARM?
Description Dwight Davison Mallory Parker Death May 9, 1961							reem			- 4		
S. SEX 6. COLOR OR RACE 7. MARRIED SOLVER MARRIED 8. DATE OF BIRTH 9. AGE tin years FUNDER 17EAR IT UNDER 27EBS. Months Day Hours Min.	DECEASED							OF DEATH			Day	
Male White WIOOWED D DIVORCED 12-12-84 76 yr. Months Days Hours Min. 76 yr. Months Days Days Days Days Days Days Days Day					-			247111	9. AGE (In years	_	1 YEAR IF	
10. USUAL OCCUPATION (give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (state or foreign country) Decorator 15. FATHER'S NAME William H Parker 15. WAS DECASEDEVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT WAS DECASEDEVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT YES WOTHER'S NAME WILLIAM H Parker 15. WAS DECASEDEVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT YES WOTHER'S NAME WILLIAM H PARKER 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-] PARTI LOBART WAS AUSED BY: AMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gover rise to immediate couse (o), the didney of the couse of the couse of the couse (o), the didney of the couse of t						70 70 6	. ,		lost birthday)	Months		
Decorptor 13. FATHER'S NAME William H. Parker 15. WAS DECESSED VER IN U. S. ARMED FORCES? IT. 6. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECESSED VER IN U. S. ARMED FORCES? IT. 6. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate course of the course (o), stating the under line for the course (o), stating the under line for the course (o), stating the under line for the course (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERCORMED? YES DOES CHIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) TO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P. M. NOTIFY MEDICAL EXAMINER II 19				A		Y 11 RIPTHPLA	CE (State o	ar foreign c			ZEN OF V	VHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MAS DECRESSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 21. INFORMATT 21. INFO	during most of wor	king life, even if retired)	100. Kirt	0. 000					//			
William H. Parker Emma Phillips		r		-							0.5.	, A .
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (the no. or windown) (if ye, in we or other of evice of one or windown) (if ye, in we or other of evice of one or windown) (if ye, in we or other of evice of one or ye per line for (a), (b), and (c).) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: Bronchonnelimonia 10. SOCIAL SECURITY NO. 218-09-4292 3. SPRINGFIELD MEDICAL SECURITY NO.												
Cause of DEATH Enter only one couse per line for (a), (b), and (c).			CES2 14 50C	IAL SECURITY NO	17 INFO		Phil	Llips	Ade	Iross		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-]												
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia Days	10					pringf	leld N	dedica	1 Kecord	18	LINITEDI	VAL BETWEEN
DUE TO Canditians, if any, which gave rise to immediate couse (a), staining the under lying couse lost. C.B.S. associated with cerebral arteriosclerosis C.B.S. associated with cerebral arteriosclerosis OR CONTRIBUTING CAUSE of DEATH HOT OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING I OR CAUSE of DEATH HOT OR CONTRIBUTING CAUSE of DEATH HOT O. m. p. m. 19 While Not while of work of w			use per line to	ir (a), (b), and (c)	.]							
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Manth, Doy, Yeor Hour a.m., 19 While of wark of wa	LLGI	IMMEDIATE CAUSE (0	Bron	nchopneur	nonia						D	ays
gove rise to immediate couse (a), stating like under. Tying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NOT RIBUTING CAUSE of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING DOBERTH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED while of factory, street, affice bidg., etc.) 19 of work of the work of the deceased from 2-24-61. 19 10 5-9- 1961, that (I) (we) lost saw the deceased alive on 5-9- 1961, and that death accurred at A. M., from the couses and on the date stated above. 21. I certify that (I) (this haspital) of tended the deceased from 2-24-61. 19 10 5-9- 1961, that (I) (we) lost saw the deceased alive on 5-9- 1961, and that death accurred at A. M., from the couses and on the date stated above. 220c. SIGNATURE		DUE TO										
Cause (a), stating the under DUE TO Iying cause last.)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NAME OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION C	cause (a), stating											
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeor Haur o. m. p. m. 21. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (I) (this haspitol) ottended the deceased from 22. I certify that (I) (I) (this haspitol) ottended the deceased from 22. I certify that (I) (I) (this haspitol) ottended the deceased from 22. I certify that (I) (I) (this haspitol) ottended the deceased from 22. I certify that (I)		, (c)	TRIBUTING TO BE	4 T B. IT			0		VEL LILL BART	1 10	WAS ALITORSY
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeor Haur o. m. p. m. 21. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (this haspitol) ottended the deceased from 22. I certify that (I) (I) (this haspitol) ottended the deceased from 22. I certify that (I) (II) (this haspitol) ottended the deceased from 22. I certify that (I) (II) (this haspitol) ottended the deceased from 22. I certify that (I) (II) (this haspitol) ottended the deceased from 22. I certify that (I) (II) (II) (II) (II) (II) (II) (II)	PART II. OII		7					VAL DISEAS	E CONDITION GI	VEN IN PAKI		PERFORMED?
20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED While at wark at war	S C.B.S. a								· II -6 ' 10 1		Y	ES NO M
20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED While at wark at war	OR CONTRIBUTING	CAUSE OF DEATH	206. DESCRIBI	E HOW INJURY C	CCURRED.	Enter nature at	injury in P	arr I or Par	r II or item 16.)			
21. I certify that (I) (this haspital) attended the deceased from 2-24-61 19 to 5-9- 19.61, that (I) (we) last saw the deceased alive on 5-9- 1961, and that death accurred at A.M. from the causes and on the date stated above. 220. SIGNATURE			Tan		00 81461	C C I LILIUM III		Toor ich				(5
21. I certify that (I) (this haspital) attended the deceased from 2-24-61 19 to 5-9 19.61, that (I) (we) last saw the deceased alive on 5-9 1961, and that death accurred at A.M., from the causes and on the date stated above. 220. SIGNATURE Composition Compositio	Haur o. m.		1						ar town)	(C	aunty)	(State)
saw the deceosed alive on				at wark				1				
220. SIGNATURE CLOCK COLL CAMPO, M.D. ATTENDING MED. STAFF May 9, 1961 220. PHYSICIAN'S NAMY (Type) Agustin del Campo, M.D. Springfield Hospital, Sykesville, Maryland 230. BURIAL, CREMATION, 23b. DATE THEREOF Baltimore National 230. BURIAL, CREMATION, 23b. DATE THEREOF Baltimore National 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	21. I certify the	at (I) (this haspital) ottended	the deceased	from	2-24-	12.	, .to_	5-9-	196	1, that	(I) (we) last
Clarify Cleff Campo, M.D. ATTENDING MED. DIRECTOR PHYS. May 9, 1961		sed alive on	5-9-	_1961 . and	that dec	th accurred	012_A	M, from	the couses o	nd on the	date s	tated obove.
22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN 22c. P	220. SIGNATURE	A. O.	10.	1.		ATTENDING	. ME	D	STAGE			
Capital del Campo, M.D. Springfield Hospital, Sykesville, Maryland	Legu	som all	e car	wpo,	М.[PHYS.	DIR			May	9, 19	
Capital del Campo, M.D. Springfield Hospital, Sykesville, Maryland	22c. PHYSICIAN'S NAME (Type)	-		/								
BURYAL (Specify) 5-12-61 Baltimore National Baltimore 24. FUNDAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Agu	istin del Ca	ampo, M	I.D.		Sprin	gfield	d Hos	pital, S	ykesvi	IIe,	Marylan
We Cook Too 1917 Ct Down Charact										or county)		(State)
Wm. Cook, Inc., 1217 St. Paul Street DAWAY 11'61 Outlan & Known							25a. REC'D	BY REGIS	TRAR 2Sb. REG	ISTRAR'S SIG	NATURE	
	Wm. Cook, Ir	ic., 1217 S	st.Paul	1 Street		65 8	DATELY	11 '61	Call	un 8 to	iatell	

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				a. C. by, Inc., 1-12 dc.	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Joseph Puhalla

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F [DEA	TH	

			70
CE OF DEATH COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Marvland	ed. If institution: Residence before admission b. COUNTY
CIEV OR FOUND OF A 14	- ISNOTU OF STAN IN N	CITY OR TOWN I'VE A LIT	I'm it with DIADAL and nive concest town

c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAL and give nearest town) Sykesville Byrs. 6mos. 20days Cumberland

d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Baltimore Avenue Springfield State Hospital

YES NO NAME OF DECEASED Middle 4. DATE (Type or print) Francis Joseph Puhalla DEATH 19 61 May S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)
51 yrs. Months. November 13, 1909 Male White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Railroad -Maryland Cumberland U.S.A.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

> Maud Reed Houseworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) 214-05-8646 Springfield Hospital Records

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Thromboangitis Obliterans Years IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY .S. assoc. with other diseases of unknown or uncertain cause without PERFORMED? qualifying phrase (history of trauma epilepsy and alcoholism.

20s. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Part II of item 18.) YES NOT

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED Hour a. m. Not while at work at work

20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

21. I certify that (I) (this hospital) attended the deceased from November 8, 1957, to May 28, 1961, that (I) (we) last saw the deceased olive on May 28. 19.61, and that death occurred at 1:50P. From the couses and on the date stated above

22d PHYSICIAN'S Agustin delCampo, M.D. NAME (Type

23b. DATE THEREOF

ATTENDING STAFF PHYS. DIRECTOR -PHYS.

Springfield Hospital, Sykesville, Md.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Hillcrest Burial Park Cumberland, Md. (State)

Burial 24. FUNERAL DIRECTOR'S SIGNATURE

23a. 8URIAL, CREMATION,

REMOVAL (Specify)

James F. Scarpelli Cumberland, Md.

2So. REC'D BY REGISTRAR DATE JUN 2 '61

ariling & Kraus

25b. REGISTRAR'S SIGNATURE

Pages death. after papers. permit. After this lined by the hospitol DIRECTOR: After thi detached for pe TO FUR

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4		5461 CERTIFICATE OF DEATH	52
roge 4 director, iled with	M	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm	ission)
odire led	820	o. COUNTY Carroll MARYLAND O. STATE Naryland Carroll	
e fi		b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest for	wn)
ded une	. 0	RURAL and give nearest tawn) Middleburg 3 weeks Rural Tanevtown	
offer the 1	270	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS	ESIDENCE A FARM?
d o		Brookfield Manor Nursing Home Route #lm YES	NO
200		3. NAME OF First Middle Last 4. DATE Month Day OF	Year
fille ges sath		(Type or print) Abraham Taylor Reed DEATH May 23.	1961
Page 1		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hour	1
plet offe		Male White WIDOWED DIVORCED August 13, 1880 80 yrs.	
com		10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT	COUNTRY?
nd o	35 8	Farmer- Retired Own farm Virginia U.S.A.	
on o orbo	(=)	13. FATHER'S NAME	
sicio ve c	(1)	Otty Reed Mary Anne Lester	
phy phy amo		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] Ill yes, give wor or dates of service]	
ing e re		no Mr. David Reed Westminster, Maryland	
end end leas any		18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	BETWEEN ID DEATH
of att		PART 1. DEATH WAS CAUSED BY: Core revasculare accident ONSET	rys
The The		33) X DUE TO A A .	0
th it by		Conditions, if ony, which) (b) Christian areal arlenoseleroses 6.	ves
gned		gave rise to immediate cause (a), stating the under-	
an. an sig sit p		lying couse lost. (c) (Feneralized Wilewascherosis 6-).	yes
sici sici beer tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	AUTOPSY ORMED?
ph) ph) nas riol-		3 Dy Reviews - milal	NO
ding ling te but	0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CHARGE OF THE PROPERTY OF THE CONTRIBUTION CAUSE OF THE CONTRIB	
ifico ifico the	U		
r at cent cent buri		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work 19 of wor	(Stote)
to de si de		Hour o. m. While Not while of work at work at work	
Spit spit d for d for		21. I certify that (1) (this hospital) attended the deceased from May 1959, to May 23, 196/, that (5)	(we) last
Afriched the		saw the deceased alive an Way 21 1961, and that death accurred at 1100M, from the causes and on the date state	
teo teo		22o. SIGNATURE	22b. DATE
d by	1	E. Chullus Thompson M.D. PHYS. G. DIRECTOR STAFF PHYS. 5/2	13/6/
O Dis		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
Po Bo		E. Ambler Thompson Taneytown, Md.	
OSP!		23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (SI	ote)
H Pool	1	Burial May 25, 1961 Sams Creek Cemetery New Windsor, Maryland	
5 5 5	0	24. FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE	
VR A15 (4) 15M 9/59	C. H	C.O. Fuss & Son Taneytown, Maryland DATE MAY 26'61 Cullum S. Kings	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

VISION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS -	— B	ALTI
		CE	RTIFIC	ATF	OF	DI	FA	TH

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h (Z.	U	T)	

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
	a. COUNTY MARYLAND	O. STATE MANY Carrell
1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oyside corporate limits, write RURAL and give nearest tawn)
	RURAL and give negrest town)	Rand Westminte
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS . IS RESIDENCE
	OR INSTITUTION P19-#1	PATE ON A FARM? YES NO H
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print) PAUMAND THAMAS F	0F DEATH 2000 17 1961
	11171101101101101113	DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.
	male What WIDOWED DIVORCED	my / 89/ last birthday) Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	
	during mast of working life, even if retired)	1 Back Till Carell and 11.C.a
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Les Roma	Sllan Son las
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	(Yes. no. or unknown) (If yes. give war or dated of service)	n Son Main Rove Same address
	18 CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1420 IMMEDIATE CAUSE (a)	y to weeners significant
	Conditions if now which	Musica liter ex leen Sineral
	Canditions, if any, which gave rise to immediate	my compared and gray
	cause (a), stating the under- lying cause last.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	= 20g. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I ar Part II of item 18.)
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAKED CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA 19 4 wark 20d. INJURY OCCURRED 20e. PLA 6 december 20d. INJURY OCCURRED 20e. PLA 20	ary, street, affice bldg., etc.)
		way 17, 1961, to May 17, 1961, that (1) (we) last
	saw the deceased afive an heavy 17 19 6, and that d	eath occurred at 10 fM, fram the causes and an the date stated abave.
	220. SIGNATURE	22b. DATE
	Man alan	A.D. ATTENDING MED. STAFF DIRECTOR PHYS 5/18/6/SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	Westweinster md
	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City, tawn, ar cannty) % (State)
1	BENDER 5/20/6/ Store Par	b Raral bestmente ms
,	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	X.S. mesen bulleton	L. DepteMAY 22'61 arthur S. Trans
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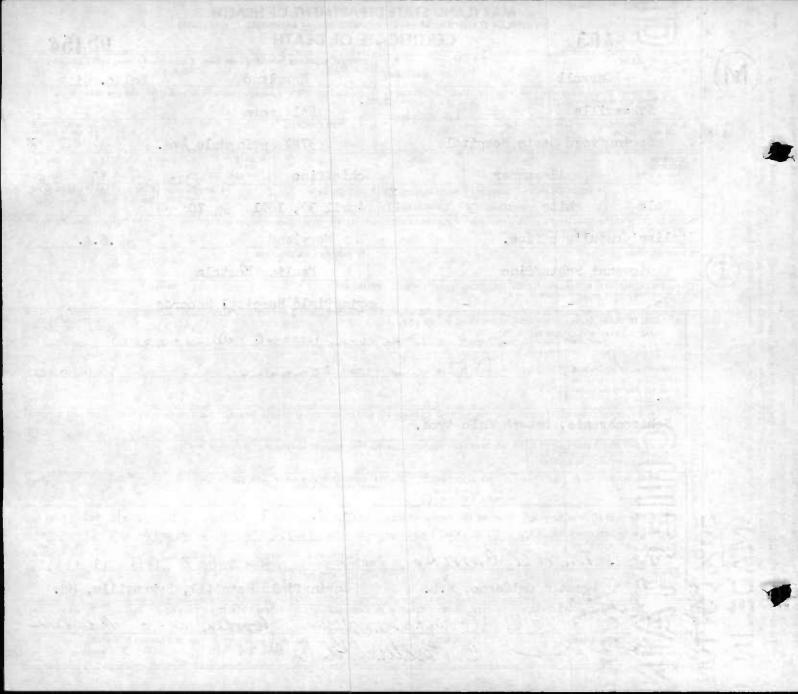
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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 	-		4	-	3

	5463	_	TE OF DEATH	U5454					
	1. PLACE OF DEATH a. COUNTY Carroll	Item 1c Film MARYLAND	o. STATE Marvl	n: Residence before admission) Balto. City					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c-tength of STAY IN 16		utside corporate limits, write RU					
)	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hos		d. STREET ADDRESS	pringdale Ave.	e. IS RESIDENCE ON A FARM? YES NO 2				
	3. NAME OF First DECEASED (Type or print) Alexander	Middle	Schiaffino	4. DATE Month OF DEATH OF	Day Year				
	5. SEX Male 6. COLOR OR RACE 7. MARR White WIDOWS		B. DATE OF BIRTH April 30, 18	lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Italian Consul's office.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of Maryland		12. CITIZEN OF WHAT COUNTRY?				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	itali silikka kasa				
)	Giovanni Schiaffino			a Mostola					
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	7	pringfield Ho	spital Records					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate couse (o), stoting the under-lying couse last. (c)	andio Vasco	Schools	O Discas	ONSET AND DEATH				
1	PART II. OTHER SIGNIFICANT CONDITIONS OF Schizophrenia, he bepared on contributing of cause of death (IF either, notify medical examiner)				YES NO D				
	Oc. TIME OF INJURY Manth, Doy, Year 20d. It Hour o. m. While at wor.	Not while foo	ACE OF INJURY (Hame, farm, tory, street, office bldg., etc.)		(County) (Stote)				
	21. I certify that (I) (this haspital) attends saw the deceased alive an may 10	21. I certify that (I) (this haspital) attended the deceased from March 7, 155, .ta may 19, 1961, that (I) (we) last saw the deceased alive an may 19, 1961, and that death accurred at 9.37M, from the causes and an the date stated above.							
	220. SIGNATURE Doznatni del la	anna la		D. STAFF	22b. DATE SIGNED				
	NAME (Type) Agustin delCam	- /		d H ospital, Sy					
	236 BURIAL, CREMATION 236. DATE THEREOF	& WILLIAMS OF CEMETERY OF	emeley	23d. LOCATION (City, town, or	7- Maryland				
	Muc Mar Son	30/ Treder	DATE		TRAR'S SIGNATURE				

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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b		200
	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUA MARYLAND	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNT CLASSICAL STATES AND ADMISSION COUNTRY OF THE PROPERTY OF THE PROPERT
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CI C. CI	DORTOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. S'	REET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) WILLIAM - M - Middle HAF!	- ER 4. DATE Month Day Year DEATH MANY 6 1961
1	5. SEX 6. COLOR OR RACE WIDOWED DIVORCED 8. DATE C WIDOWED DIVORCED	9. AGE (In years I UNDER I YEAR IF UNDER 24 HRS. lgst birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during mass of working life, even if retired)	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Teorgy-W-M-Shaffer 14. Mg	But A Shearer
	15. WAS DECEATED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 15. WAS DECEATED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 16. SOCIAL SCURITY NO. 17. INFORMAN (Yes, no. or unknown) 18. S. CIAL SCURITY NO. 17. INFORMAN (Yes, no. or unknown)	Lew Wardley - 310 E 31 st St-Balto Mid
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	Hickory Failure (Hent) 2 yrs
	gove rise to immediate couse (a), stating the under-lying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq \)
- 1	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	oture of injury in Port I or Port II of item 1B.)
		JURY (Home, farm, 20f. (City or town) (County) (State) (state)
	21. 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 3 196, and that death ac	curred atM, from the causes and an the date stated abave.
	M.D. PHY	
	22c. PHYSICIAN'S NAME (Type) M. C. Porterfield 22d.	FLAMPSTERD, Md
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Way 9-1961 PHOLOGORIAN	ORY 23d, DCATION (City, town or county) Wistore)
1	Tipton - ELNE - Hampstead We	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAMAY 9 '61 Culling S. Krous

urs after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be fined by the hospitol ar attending physician.

TO FUNAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours offer death. VR A15 (4) 15M 9/59

2337 440 M - Barrell Barrell Polary land Commell MILLELIAND - M - SM A F. A.S. III - MULLE CO. 8 8 127 Steen Mayor milet 1 secret Langue W. M. Shaffer Thurson of whencer "He Register Strong Hiller William Delandley - 310 E 31 st St Bull Mills Torre De 1900 12.00 Same T. May 9-1961 Provingeting land Survey Co. 7168 The street of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Day

Days

(County)

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1961 that (1) (we) lost

(State)

e. IS RESIDENCE

ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSETAND DEATH

PERFORMED? YES NO

(Stote)

12. CITIZEN OF WHAT COUNTRY?

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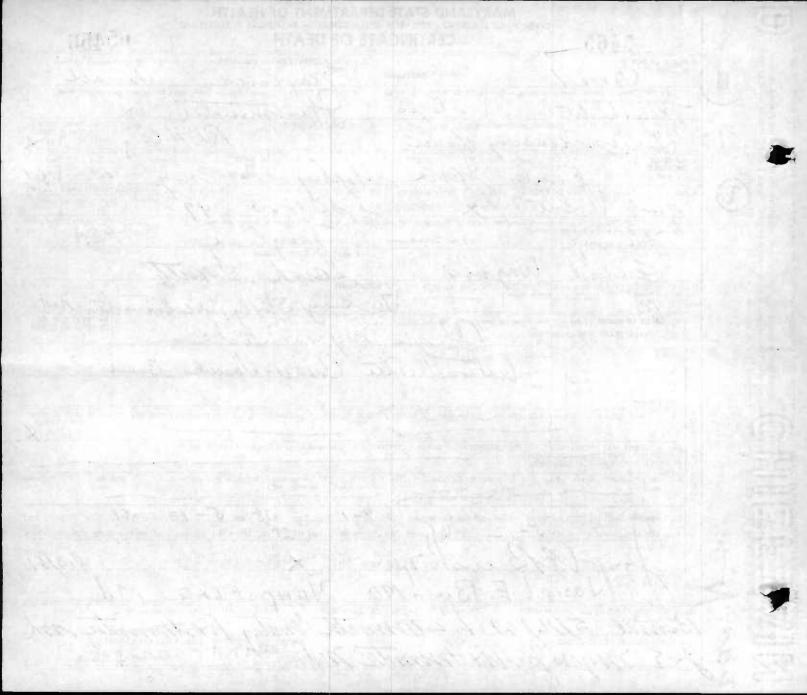
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CERTIFICATE OF DEATH 5465 al director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 100 funeral uld be fi c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kelwenster d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION d. STREET ADDRESS ensur and NAME OF Middle 4. DATE First Month DECEASED filled Pages 1 DEATH (Type or print) 9. AGE (In yes IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH S. SEX MARRIED NEVER MARRIED campletely last birthd (y) Manths after WIDOWED DIVORCED | papers. 105. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote foreign country) hours during most of working life, even if retired) and MDC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ö 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) pup DUE TO Canditions, if any, which E. gave rise to immediate per DUE TO cause (a), stating the underburial-transit lying couse last. (c) 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING LICE the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year foctory, street, affice bldg., etc. While .o. m Nat while of work of work p. m. 21. 1 certify that (1) (this hospital) attended the deceased from 9 detached sow the deceased olive on . 19_0 hand that death occurred at 21. M, from the causes and on the date stated above. 220. SIGNATURE ATTENDING PHYS. o KMD DIRECTOR _ PHYS. Board 22c. PM 22d. ADDRE 00 DATE THEREOF LOCATION (City, town, or county) URIAL CREMATION. 23b. CEMETERY OR CREMATORY page the Sta MOVAL (Specif EGISTRAR

attending by gned attending physician. been si certificate this After by the DIRECTOR: 08 ned O HOSPI TO FUNE

ofter death.

VR A1S (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

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ICATE OF DEATH	0545

	PLACE OF DEATH a. COUNTY				2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
		rroll	10.0	MARYL	AND	a. STATE	Mary	land	b. COUN		ltimo	ore (City
	c. CITY OR TOWN (III RURAL and give ne		ts, write	6. LENGTH OF STAY I		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) days Baltimore							
-		AL (If nat in haspital, g	ive street			d. STREET A						e. IS RES	IDENCE
		gfield Stat	е Но	spital			Unkno	wn					FARM?
3. 1	NAME OF DECEASED	Fir	st	Middle		Las		4. DATE	М	anth	Da	y .	Year
	(Type or print) Minnie					Silverm	an	DEATH	May		25,		19 61
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 🔀 B.	DATE OF BIRTH	Н	111	9. AGE (In year last birthday		Days	IF UNDE	R 24 HRS. Min.
	Female	White	WIDOW	ED DIVORCED		189	0	75.31	70 y	***************************************	Days	ndurs	Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPL	ACE (State	ar foreign c	auntry)	12.C	ITIZEN OF	WHATC	OUNTRY?
	None			-		Rus	sia				Rus	sia	6
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Unknown					Un	known						
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT			A	ddress			
,,,,,	No				S	ringfi	eld H	ospita	al Recor	ds.			
	18. CAUSE OF DEA	TH [Enter anly ane ca	use per li	ne far (a), (b), and (c).]			Addi				INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: _IMMEDIATE CAUSE (o	, A	cute corona	ry o	cclusio	n				Hours		
	421	DUE TO	-					ME					
	Canditians, if o	ny, which) (b	, A	rterioscler	otic	heart	disea	se			1	Tear:	S
	gave rise to it	mmediate (DUE TO	,										
	lying cause last.	the <u>under-</u>	1										
NO				CONTRIBUTING TO DEA						IVEN IN P	ART 1(a) 1	9. WAS	AUTOPSY RMED?
CATI	Mental D	eficiency,	Taro	pathic, sev	ere.	Pulmo	nary	tuber	culosis.	00	XC	YES	
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature a	if injury in	Part I ar Par	t II of item 18.)				
CAL	20c. TIME OF INJUR		or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	n, 20f. (City	or town)		(Caunty)		(State)
MEDI	Haur a.m. p.m.	19	While at war	Nat while	facta	ry, street, affice	e bldg., etc	:.)					
	21 I certify the	t (I) (this hospital) attend	ded the deceased	from Ma	arch 7.	19	55 to 1	May 25,	19	61 th	at (1) (we) last
	saw the deceas	ed olive an Mar	7 25,	19 61, and	that dec	th accurred							
	22a. SIGNATURE	ed onve dir		/ dila	mar dec	an accorrec	o dia	-747,-H OIII	The causes	JIIG OII I	ile dole	_	b. DATE
	Jan	stan de	2/ 6	Ancho	M.	ATTENDING	G M	ED.	STAFF PHYS.			5/2	5% STED
	2 c. PHYSIC AN'S		Aur.	0		22d. ADDRE	ESS			211	1	- 1	
- 6	NAME (Type)	Agustin	delCa	mpo, M.D.		Sprin	gfiel	d Hos	oital,Sy	kesvi	lle,	Md.	
23a	BURIAL, CREMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CEME	TERY OR	REMATORY			TION (City, taw)	(Stat	e)
	BURIAL (Specify)	5/29/61		Oheb Shal	om Co	ng.		Bal	timore,	Md.			
-	FUNERAL DIRECTOR		37.0	ADDRESS	70.7			D BY REGIS	0 - 0	GISTRAR'S			
SOL LEVINSON & BROS INC 6010 Reist. Rd DATE WIN 1 '61 Cuthur 2. 1						A. 740	UA.M.	5 11					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

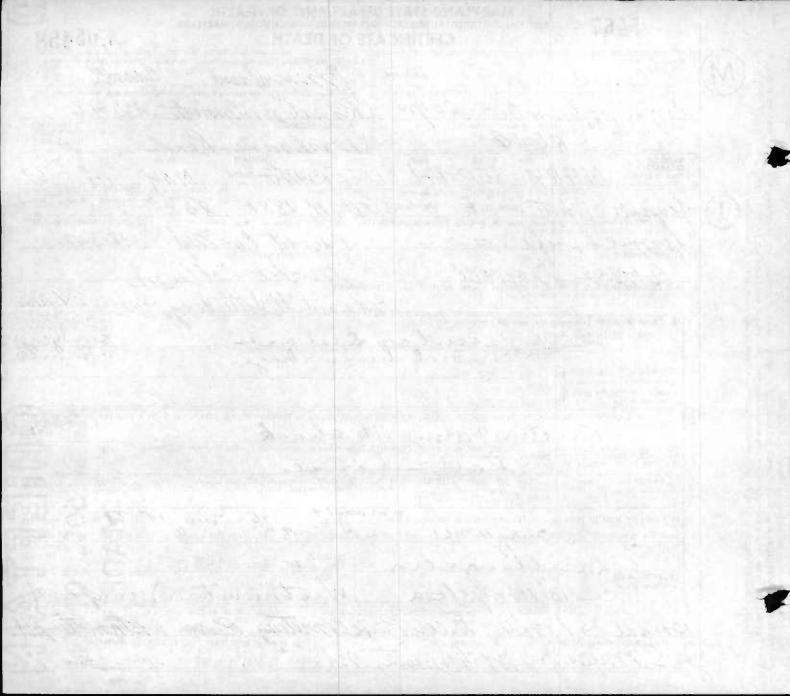
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1.	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	c. CITY OR TOWN (It Justide corporate limits, write RURAL and gi RANDER WISTIMMENTE RS d. STREET ADDRESS Washington Road	e. IS RESIDENCE ON A FARM? YES NO		
3.	3. NAME OF DECEASED (Type or print) MARY ISERTHA SIT	Last DATE Month OF DEATH MALI	Day Year 1961		
) -	106. USUAL OCCUPATION (Give kind of work done of the done of the done of work done of the done of working life, even if retired)	26.11. 1881 So yrs. Months 1	YEAR IF UNDER 24 HRS. Days Hours Min. EN OF WHAT COUNTRY?		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO (Yes, no. or unknown) (If yes, give wor or dates of service)	DRMANT SULLE COLLEGE SAME SAME	ne addiss		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-	Disease	INTERVAL BETWEEN ONSET AND DEATH Seven glass		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO CONTRIBUTING TO DEATH BUT NO CO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Block (Enter noture of injury in Port I or Port II of item 18.)	1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	ry, street, office bldg., etc.)	Dounty) (Stote)		
	sow the deceased alive on The Land 1941, and that deceased rom. 22c. PHYSICIAN'S NAME (Type)	ath occurred at \$M, from the couses and an the			
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF COMMON STATES OF CEMETERY O	& Cemeles Rund Woth	(Stoje)		
24	20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	250. REED BY REGISTRAR 256. REGISTRAR'S SIG			

may be rained by the haspital or attending physician.

TO FUN, At DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be functed director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death rs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 %

VR A1S (4) 1SM 9/59



1. PLACE OF DEATH o. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

MARYLAND

05459

Balto.City

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

256 REGISTRAR'S SIGNATURE

arthur S. Trans

250. REC'D BY REGISTRAR

DATELUN 5

Hours

INTERVAL BETWEEN

ONSET AND DEATH

YES TO NO TO

(Stote)

22b, DATE

(Stote)

Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

Month

Address

Months

1		
the funeral director,	should be fifted with	M
	7	1
he attending physician and completely filled.	hen please remave carban papers. Pages 1 and 2 should be fitted	nd in any event, within 72 haurs after death.

executed within 24 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be

Carroll Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Jurs 5mos 25days Baltimore Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Springfield State Hospital Unknown NAME OF 4. DATE First Middle Flora May Small DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K. B. DATE OF BIRTH 9. AGE (In years 5. SEX lost birthdoy) 1901 White DIVORCED Female WIDOWED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Maryland Factory work. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Israel Small Sarah Miller 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Springfield Hospital Records. No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (0) DUE TO = F 5 by te has been signed by burial-transit permit. Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. Manic depressive reaction, manic type.

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20d. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. 19 55 to May 31. 21. I certify that (1) (this haspital) attended the deceased fram March 7. 1961 and that death accurred a 45 MM from the causes and an the date stated above. saw the deceased alive an May ined by the DIRECTOR: 220 SIGNATURE ATTENDING PHYS. M.D. PHYS. DIRECTOR [] 22 PHYSICIAN'S NAME (Type) 22d. ADDRESS P Springfield Hospital, Sykesville, Md. Agustin delCampo, M.D. TO FUNE BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town, or county) poge the Sto REMOVAL (Specify)

ADDRESS

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ON A FARM?

YES NO TO

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19

61

PUNERAL DIRECTOR'S SIGNATURE

VR A15 (4)

15M 9/59

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral rector. Page 4 should be		O FUNDIAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,
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2	the	farm, d to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	3
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on on	#	5469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 15460
4 shauld cremat	M	1. PLACE OF DEATH a. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND O. STATE MARYLAND
Page a burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW WINDSUR C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW WINDSUR
rector.	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) FREDERICK RAAD d. STREET ADDRESS FREDERICK ROAD e. IS RESIDENCE ON A FARM YES \(\sum \) NO BY
funeral registra		3. NAME OF DECEASED (Type or print) GUY BAILE SMITH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 Hrs.
to the oined fo	(I)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years load) birthdoy) 7. MORCED NEVER MARRIED 100 BIRTH 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2, and y be ret		during most of working life, even if retired) FARMER MARYLAND USA 13. FATHER'S NAME
ages 1, ge 5 ma poges 1		HARRY SIMITH SALLIE SHUEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address
Give P M3. Pagir. it. File		If yes, give war or dates of service) 220-28-8394 EDNA SMITH NEW WINDSUR MD 18. CAUSE OF DEATH [Enter only one cause per line fosp(o), (b), and (c).] INTERVAL BETWEEN ONSET AMP DEATH
form P/ sit perm		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Strengelation By Hanging Short ONSET AND DEATH
ncil in I ng with rial-tran		Conditions, if any, which gave rise to immediate couse (a), stoting the underlying DUE TO
ffice ala		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
pending ner's O be used	0	YES NO PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
e ward ' al Exami		CAUSE OF DEATH. CAUSE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. m. (County) (Stote)
riting the of Medicals: Page		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and find that
the Chi	2	death resulted from: Notural couses Accident , Suicide , Homicide , Undetermined couse . ACTUAL ACTUAL ACTUAL ACCIDENT SIGNED
he certified to		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) W CLENN SPECHERIC CLUB DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO SPECHERIC CLUB DEPUTY TO SPECHER TO SPECHERIC CLUB DEPUTY TO SPECHERIC CLUB DEPUTY TO SPECHERIC CLUB
forward TO FUN		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY WESTMINSTER MD
5. A15ME(5) 5M 9/55	10	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AY 1 6 '61 Orthog & Hard

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05/61

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)	1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (W		d. If institution b. COUNTY	on: Residence	before admis	sion)
	RURAL and give r	(If outside corporate limits, wr legrest town) Sykesville	ite c. LENGTH OF STAY IN 16 Lyr.lmo.9days	c. CITY OR TOWN (IF	outside corporate la nore (18)	imits, write R	URAL ond giv	e nearest tow	n) - 4
015	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st ELD STATE HOS		d. STREET ADDRESS 2734 St.	Paul Str	eet		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Harriet	Middle Rogers	SMITH	4. DATE OF DEATH	MAY	th	Doy 26	Yeor 19 61
	s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-23-67	9. A0	GE (In years st birthdoy) 93 yrs.		YEAR IF UND lays Hours	Min.
	10a. USUAL OCCUPATI during most of wo Housewij	king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Maryland)		S.A.	COUNTRY
F	13. FATHER'S NAME William	. Lambdin		14. MOTHER'S MAIDEN Elizabeth		1			
F	1S. WAS DECEASED EV (Yes. no, or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Hospital Reco	ords	Addı	ress	1.13	
		ATH [Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), ond (c).] Arteriosclerotic	heart disea	50			INTERVAL BOUNSET AND	DEATH
	Conditions, if a gove rise to couse (o), stoting lying couse lost	immediate DUE TO	Coronary arterio	osclerosis				Years	3
	Chronic le or nutri de contributivo (IF EITHER, NOTIFI	orain syndrome	ons contributing to Death But associated with ile brain diseas DESCRIBE HOW INJURY OCCURRE	disturbance	of metab	olism.	growt	h PERFO	AUTOPSY ORMED?
2	20c. TIME OF INJU Hour o. m. p. m.	. W		ACE OF INJURY (Home, for ctory, street, office bldg., et		own)	(Co	unty)	(Stote
			tended the deceased fram 251961, and that c	leath occurred at 121				date stated	
1	22c. PHYSICIAN'S NAME (Type)	12 1 Ka	mm		Springfie	AFF. 🔁 ld Sta	te Hos	5-2	6-81
		Ilse Kamm, M	23c. NAME OF CEMETERY O		Sykesyi	lle, M	arylan		to)
	CHEMOVAL (Soleify	n 5-30-6	1 London Park	"Grematory	100	ello,		mo	,
0	24. FUNERAL DIRECTOR	S SIGNATURE	LI ADDRESS		'D BY REGISTRAR	1	STRAR'S SIGN	1 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death.

may by coined by the hospital or attending physician. VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Carroll	MARYLA		USUAL RESIDENCE D. STATE Mar	(Where decease	L COUNTY	on: Residence b		
RURAL and give ne	f outside corporate limits, write grest tawn) Sykesville	c. LENGTH OF STAY IN	1 2	c. CITY OR TOWN			URAL and give	nearest tawn)	
	AL (If nat in haspital, give street	address)	1	d. STREET ADDRES		ht Rog	d	e. IS RESIDENCE ON A FARM	45
3. NAME OF DECEASED (Type or print)	First MINNIE	Middle	SM1	lost TH	4. DATE OF DEATH	Mon		Day Year	51
female	white WIDOW	RIED NEVER MARRIED ED DIVORCED		April 25	1893	9. AGE (In years last birthday) 68 yrs.	Manths Day	ys Haurs M	HRS in.
housew:	N (Give kind af wark dane 10b. ing life, even if retired)	home		11. BIRTHPLACE (S Maryl	tate ar fareign c	ountry)		J. S.	TRY
13. FATHER'S NAME	narles Edward	Hall	14	Emma:		ith			
	R IN U. S. ARMED FORCES? 16.	social security no.	Char	mant cles Edw	ra.ed Sm	ith, s	ame as	# 2	
Canditians, if a gave rise to in cause (a), stating lying cause last.	mmediate DUE TO (c)	GENERAL CA	OF ST	OMACH, TY		HERMINED		ABOUT 1 Y	R.
20g. ACCIDENT WA	CAUSE OF DEATH	CRIBE HOW INJURY OCC					/EN IN PART 1(c	PERFORMED YES NO)5
	MEDICAL EXAMINER)	Nat while		OF INJURY (Hame, street, affice bldg.,		ar tawn)	(Caur	ity) (S	tate
	21. I certify that (I) (this hospital) attended the deceased fram 8/8/60 19 ta 5/8/61 19 that (I) (we) last saw the deceased alive on 5/7/61 19 and that death accurred at 3:35 PM on the causes and an the date stated above								
22c. PHYSICIAN'S NAME (Type)	im. H. Lawson,	Jr., M.D.	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR Sykesvi	STAFF PHYS. □	ryland	5/8/61	
23a. BURIAL, CREMATIO REMOVAL (Specify) BURTAL 24. FUNERAL DIRECTOR'	5-10-1961	23c. NAME OF CEMET Poplar ADDRESS		EMATORY Lngs	23d. LOCA	TION (City, tawn,	ar caunty)	(State)	
C. M.		Cield, Md.		DANE			us S. Krai		

may be the following by the hospital ar attending physician.

O FUN:

L DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO FUN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WI	here deceased live	b. COUNTY	ence before adm	ission)
1	. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN AF	outside corporote l	imits, write RURAL o	nd give nearest to	wn)
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1	OR INSTITUTION	oddress)	11/	.11	- 4	ON	A FARM?
	Houelsville AV	C	HOUCKSV	elle	200	YES	□ NO Ø
	NAME OF DECEASED Type or print) R First R A A A	Elizabati	Stillar	4. DATE OF DEATH	Month	Day	Yeor 19 6 /
5. 9	EX . 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BUTH	9. A		DER 1 YEAR IF UN	IDER 24 HRS
	Female white widows		Sept 8.1.	900	Boyrs. Mont		
108	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country	12.	CITIZEN OF WHA	TCOUNTRY
	House wife	HOME	Mary	land		115A,	
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME ,			
	William H. Bu	ch MAN.	argano	a Eli	zaheth	Owe.	N-S.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10. no, or unknown) [(If yes, give war or dates of service)]	SOCIAL SECURITY NO. 17.1	NFORMANT	ati.	Address	1	
(10)	(If yes, give will of dures of service)	None G	reorge C.	Stifi	Llew , 1/h	MASTE	ADP
	1B. CAUSE OF DEATH [Enter only one couse per in	for (o), (b), and (c).]	, 0	1	d	INTERVAL ONSET AN	BETWEEN DEATH
12.	PART I. DEATH WAS CAUSED BY: †MMEDIATE CAUSE (o)	Demokal me	d (arcino	Ma to.	516	ONSET A	10
	Conditions, if ony, which) (b)	imony Car	CINOMIA S	tomo	ch	181	Mb
	gove rise to immediate couse (a), stating the under-lying couse lost.	Pactrie	U/cer.			?	
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19. WA	S AUTOPSY
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CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II o	f item 18.)		
CER	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	Hour o. m. While	fr	LACE OF INJURY (Home, for octory, street, office bldg., et		own)	(County)	(Stote
	21. I certify that (I) (this hospital) attend	ded the deceased frame	Morch 1 19	60 to 14	AY 15.1	9_6_1 that (1) (we) las
	Mai		death accurred at ZA				
	saw the deceased alive an 1744 1	, and indi	deall occorred dizz_	E.M., HOM ME	cuoses and on	THE GOIC STOT	22b. DATE
	tought &	Quel		AED. SIRECTOR P	TAFF HYS.		SIGNE
	NAME Type 0 5 Pp & E. T.	BushMID	22d. ADDRESS	STEA	MAP	Ry/a	NL
230		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town, or cou	nty)	Spote)
9	Burney May 17/61	Szethelete	eu Church	Mels	2 - (YU-1/K	El) 100	2
24:	PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC	D BY REGISTRAR	256 REGISTRAR	S SIGNATURE	
F	uplon-Elice - Ht	Lupelerd	DATE DATE	Y 1 7 '61	C +1.47	2 Kreak	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEA

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY	MARYLAND 2	. USUAL RESIDENCE (Where deceased lived. If institution: Residue). STATE b. COUNTY	lence before admission)
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	b. CITY OR TOWN (If outside corporate limits, write c. LE) RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate limits, write RURAL on	d give nearest town)
IN	and land Therente	10 grs X	Runal Waltzmenter	RATT
-	d. NAME OF HOSPITAL (If not in hospital, give street address	(1)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION	//	9 01	ON A FARM?
	Janeysom Kon	1.	January Cond	YES NO
	NAME OF First	Middle	Last 4. DATE Month	Day Yeor
	OECEASED (Type or print) CHARLES &	PARL TH	OMPSON DEATH MAN	12 1961
5. 5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. I	DATE OF BIRTH 9. AGE (In yeors list ND) North	ER 1 YEAR IF UNDER 24 HRS.
1	male plate WIDOWED	DIVORCED	VI 9, 1895 67 yrs.	
10o	b. USUAL OCCUPATION (Give-kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stofe of foreign country) 12.0	TITIZEN OF WHAT COUNTRY?
Λ	That has to the formal	+ Mansey	last 1 (for all , me	11.5.0
13	FATHER'S NAME	ast (collins	MOTHER'S MAIDEN NAME	700
/	(4) 0 0 91		6	
7	harles & Nomb	son	cora Amyale	
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. OCIA	AL SECURITY NO. 17. INFO	RMANT Address	201- D.
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=	B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c)	in the street was	INTERVAL BETWEEN
٤	PART I, DEATH WAS CAUSED BY:	(o), (u), and (c)	(D. X)	ONSET AND BEATH
	IMMEDIATE CAUSE (o)	o contra	(sand)	VAT/
	43/X DUE TO	171	10 # 5.1	(-1)
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	couse (o), stoting the under-	numeuro	(Bellember)	15 dans
	lying couse lost.) (c)	7-01	/	
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED?
CAT				YES NO P
RTIF	OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED.	Enter noture of injury in Port I or Port II of item 1B.)	
CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
A	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town)	(County) (State)
MEDIC	Hour o. m. While		y, street, office bldg., etc.)	
×	p. m. 19 of work	of work		
	21. I certify that (I) (this haspital), attended t	he deceased fram/	gr/ 25- 16/1, to May 12, 19	that (1) (we) last
	saw the deceased alive an 150mg	19 and that dec	th accurred at LAM, from the causes and an t	he date stated above.
	220. SIGNATURE			22b. DATE
	W=C/some	ELT M.E	ATTENDING MED. STAFF DI PHYS. PHYS.	9-12-GN
	22c. PHYSICIAN'S	1	22d. ADDRESS	7
	NAME (Type) (2)	VelTe MU	103 E Main WesMII	USKI Wid.

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stole)

P" A (3 to

24 MUNERAL DIRECTOR'S SIGNATURE

5774

Est number In 100

250. EEC'D BY REGISTRAR DATE MAY 1 7 '61

arthur S. Kraus

25%. REGISTRAR'S SIGNATURE

